

VOGUE DIAGNOSES: THE FUNCTIONS OF MADNESS IN TEWENTIETH-
CENTURY AMERICAN LITERATURE

by

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DISSERTATION ABSTRACT

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Fiction and drama have engaged with madness across the epistemes of the American twentieth century. Given the prominence of the subject of madness, both historically and literarily, we need a unified methodology for analysis and action. As a subfield of disability studies, “mad studies” deals specifically with representations of mental distress rather than physical otherness, examining how “madness” enables writers to convey certain meanings or produce certain stories. In minor characters, these meanings are infused into characters’ actantial function within the symbolic model of disability: madness works as a device for plot, psychological depth (of other characters), and thematic resonance. Onstage, these meanings transform as they inhabit the social/political/cultural model of disability rather than the medical or symbolic models. Realistic, expressionistic, and musical theatre across the twentieth century have all found ways to stage not only “madness,” but also the social responses and contexts that construct it, while simultaneously giving audiences formal opportunities to sympathize with the so-called mad characters. Mad protagonists follow particular plot patterns prompted by the temporal, existential, or hermeneutic mystery posed by madness. Male madness narratives often engage with the legitimizing etiology of war, freeing them from

the temporal mystery – “what caused this to happen?” – and allowing them to address the existential mystery – “what is this like?” – through formal experimentation. Female madness narratives, grappling with a medical discourse that emphasizes endogenous causality for women, retort to such discourse by emphasizing a broader temporal plot. Offering more possible answers to “what caused this to happen” than doctors do, female madness narratives show that subjective experience exists within a social, as well as a biological, framework. Yet, popular as fictions remain, in recent years, the genre of memoir has eclipsed them. Madness memoir engages in a real-world context with the central linguistic challenge of madness. Memoirists’ use of metaphor to convey recalcitrant experiences of distress not only engages with existential and hermeneutic mystery (what is it like, and what does it mean), but suggests a way forward for intersubjective understanding that sympathizes without co-opting, allowing for meaningful communication and political action across differences.

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CHAPTER I

MAD STUDIES AND THE MINOR CHARACTER

Introduction

“There are people out there who are sick – there are people there who are taking care of someone who’s sick. We can’t jerk them around. They want to know: Why are some people sick and other people get well?”

“I know they do. Questions like that are very seductive, because it would be so much easier if we could answer them. But we can’t. You can’t answer them.” (Lisa Kron, Well)

As Lisa Kron points out in her play *Well* (2006), people have questions about illness, questions whose answers are both unreachable and eminently desirable. Why do some people get sick? Why do some people get well? What is the meaning of illness? What causes it to come, and what can be done to make it go away? These questions are seductive when it comes to any kind of illness, since, as mortal creatures, we are all threatened by not being “well,” which we know eventually means being “dead.” Yet they are especially seductive, I think, when it comes to mental illness, where the answers seem to be even more unreachable than for somatic complaints. We may not understand everything about the body, but at least we can see it working; typically we can at least grasp what has gone wrong, and thus start to answer questions about cause and treatment. When it comes to diseases of the mind, it is much harder to grasp the apparent malfunction. So these questions burn with a special intensity for issues of mental illness. Being denied simple or visible answers, we have sought to comprehend mental disorder through a culturally and historically varied set of supplementary stories, creating meanings to offset the troubling power of those questions: why this illness? Why this person? What has happened and what can be done?

In this project, I will examine the stories these questions have engendered in twentieth-century American literature. Disability studies scholars have been investigating the historically specific representations of “other” bodies; here, I propose a subfield, called “mad studies,” to investigate the representations of “other” minds. Just as the different body enables (or requires) certain stories and meanings, the deviant mind yields a series of particular representational patterns and strategies. Madness invites certain kinds of metaphors; it jump-starts certain kinds of narratives. This has likely been true as long as there have been metaphors and narratives. However, in the course of the twentieth century, when so many ideas about cause and treatment have been heralded, contested, and revised, the literary discourses of madness have evolved with especial swiftness. Within that evolution, writers and readers (as well as doctors, politicians, and other influential figures) have jointly participated in constructing representations and understandings of distress that speak to the moment of their construction. In her memoir of her experience with what she prefers to call manic-depressive disorder, Kay Redfield Jamison refers to the “vogue” that mental illnesses can go through. Jamison’s context is a clinical one (a conference for psychologists), but the term applies more broadly than that. Certain illnesses, and certain literary uses of those illnesses, tend to cluster at certain moments in time; these textual-historical clusters are what I call “vogue diagnoses,” popular across a wide array of medical, literary, and popular discourses because they speak to those seductive questions in a way that clarifies them for that particular era.¹

¹On this point, see Lisa Appignanesi, who writes that often “symptoms and disorders mirror [their] time’s order” (5). Or, as Monks and Frankenberg put it, “illness functions as an idiom for discussing and defining more general societal and cultural concerns” (107). These general concerns can also be seen in which illness idioms spread throughout culture at a given point in time and which do not.

These vogues reveal the complex intersections of psychiatry, cultural history, and fictional representation. They are thus at the heart of my mad studies approach.

As Simon Cross says in *Mediating Madness*, we think we know what madness looks like (1). We have absorbed a list of what to expect. Madness looks like the “discolored” and “savage” face and “clothed hyena” figure of Bertha Mason (Brontë 213, 220). Or it looks like the eyes of Septimus Smith, with their “look of apprehension in them which makes complete strangers apprehensive too” (Woolf 14). Or it looks like windows and walls covered with tinfoil to “scramble the signal,” as Peter and Agnes revamp their motel room in the play *Bug* (84). The specific indicators of physique, demeanor, or décor may change over time, having their own vogues, but we persist in believing in the ability to identify madness based on such visual clues.

But madness doesn’t actually “appear” in texts at all. It is constructed. What readers identify as clues are in fact cues, authorial choices employed in order to evoke the belief in reality without actual reality. (This is slightly different in theatre, film, or TV, which do have a visual appearance, but these media too use cues to evoke that belief in a not-really-real reality.) There’s nothing inherently wrong with cues, for that is how fiction works. But the construction of madness in fiction, the ways it is evoked and the textual ends it furthers, raises questions about this aspect of literature. Madness in fiction is rarely mimetic. That is to say, madness does not appear in books because it appears in life. In Charles Baxter’s novel *The Feast of Love*, one character rhetorically asks: “Ever noticed how drag queens and street people and madmen typically show up at your doorstep just when you’re about to take a new job or go on a long journey? They’re there, as a rule, to tell you how it’s all going to turn out” (296). This “rule” is a well-established

fictional tradition, as I shall discuss later; nevertheless, the honest answer to the “ever noticed” question must be *no*. These fortuitous encounters with visionary outsiders do not happen in life. Madness does not exist to serve those of us about to go on long journeys. This is a construction, a use of non-mimetic madness to further the story in some meaningful way. Bertha’s appearance is also a construction, evincing in her body the terror of her hidden and violently ruptured mind. Mad studies provides a framework for analyzing the textual constructions surrounding alternate mentalities, from superficial plot-advancements to sincere attempts to render an intense, personal, almost unspeakable experience legible and shareable.

Such analysis must go further than noting either types or shortcomings. It is not enough to catalogue typical uses of madness in literature.² Nor will it suffice to reiterate that fiction is reductive and oversimplified compared to reality. Mad studies must also be aware of the representations that use the tools of literature to surpass vogues and express the lived experience of symptoms, diagnoses, and treatments. There is a material reality to madness. This reality can be productively explored in fiction provided that readers and writers can resist the urge to explain it instead. The questions we have about illness – questions begging explanatory stories – often cannot be answered at all. Most stories explain at least somewhat, but many also gesture to the reality that these explanations are partial, situated, non-objective. These gestures – emphasizing subjectivity and excess rather than objectivity and tidiness – resist the reduction of lived experience and material reality to an easily resolved story. Mad studies is crucially interested in such forms of

²Both Rosemarie Garland Thomson and Lennard Davis, key scholars in the field of disability studies, want to avoid the mere catalogue and focus on more interesting things, like questioning the cultural production of the “normal” and untangling the complexities between normate and marginalized subject positions (*Enforcing* 124, Thomson 136).

resistance, since they seem to use the necessary constructions of fiction to advance a more sympathetic and less rigid response to difference as it is lived in reality.

That said, some naïveté should be dispensed with upfront. Though “sympathy” (a term I draw from Jason Tougaw’s *Strange Cases*) will be an important term in the following pages, I do not envision a future of sunshine and lollipops for those who need and seek psychiatric assistance. As Simon Cross puts it, “recognizing mentally ill people’s humanity all too easily collapses in the face of recalcitrant experience” (9). Other disability thinkers have similarly pointed out the limits of empathy as a motivator toward understanding or equality.³ Nor do I expect some ideal novel to emerge as the definitive text of resistance, providing some ultimate “true” representation of madness. As Mark Jeffreys writes, “The body that is a fiction cannot be false or falsely represented, all representations being equally fictive” (33).⁴ It is unfair to excoriate fictions for failing to reproduce the complex reality of bodies, minds, relationships, or other aspects of reality. No representation can access everything, no matter how long Joyce makes *Ulysses*. Still, some fictions go further in acknowledging their own limitations, thus resisting readers’ impulses to easy resolution, mastery, and dismissal. In life, some experiences lack answers. Respecting this truth – even attempting to represent it – while still telling a satisfying story is a challenge. But the strategies writers use in approaching such a challenge can open avenues toward increased (if not perfect) understanding and more equitable (if not angelic) politics, even in the absence of sunshine and lollipops.

³See Lucas (160); see also Rebecca Garden’s “The Problem of Empathy: Medicine and the Humanities.”

⁴In Jeffrey’s article, it is clear that he is interested in literal *bodies*, specifically: “That some extraordinariness refuses to be hidden or cured generates much of the anxiety and hostility of the culture at large toward persons with such bodies” (39). I do not wish to erode Jeffrey’s specificity, but I do want to adapt his words to include the representations of minds as well, since psyche and soma can both be subject to both real hostility and fictional representation.

Mad Studies

Defining “mad studies” is a challenge, in part because defining madness itself is challenging. For the purposes of this project, I will use the term “madness” to refer to a state of mind that is quantitatively, rather than qualitatively, in excess of ordinary consciousness – though that excess may come to appear as a qualitative difference. What I mean by this is that anyone can understand the jolt of euphoria, the weight of sadness, the concern of an inability to sleep or concentrate, or the surprise of an unbidden thought; yet when these experiences come in excess, beyond the quantity of common experience, they become less understandable and are thus subject to diagnosis of mood or thought disorders. This quantitative excess may be seen as an alternate mentality, since it is not how most people experience the world most of the time. Calling this quantitative excess “madness,” I mean to give as much respect to those who experience it as to those who diagnose it. I also mean to suggest that excess is not the same as malfunction, and we should be careful and stingy with clinical terms.

The definitional challenge posed by madness dogs the medical and legal fields as well as the literary one, as writers such as Robert A. Brooks have pointed out. Most scholars who write on this subject not only make their terminological choice deliberately, but defend that choice explicitly. Torrey and Miller, for example, dedicate an entire appendix to their use of the word “insanity” (335-8). Those who use the term “madness,” as I do, often choose it for its broad cultural connotative power rather than its precision (Cross 29, Baker et al 3). This might seem counterintuitive for a scholarly work; using a more clinically accurate term (“mental illness” instead of madness) could help establish

useful parameters.⁵ But clinical parameters belie the uncertainty that persists even in the most recent *DSM*. There is something to be said for avoiding demystifying vocabulary in areas where many people remain largely mystified. Seemingly precise terms may close down questions that should remain open.⁶ Diagnoses seem to be answers; with madness as with no physical illness, the labels assume unjust nominative status. As Otto Wahl points out, no one refers to “cancerous people” or “the cancerous” (21); a “schizophrenic,” on the other hand, has his or her identity unfairly transmuted into medical vocabulary. There are humane and ethical reasons to avoid rigid clinical accuracy. Moreover, the word “mad” is not only more richly connotative within Western culture, it is also more cross-culturally applicable than “mentally ill,” as philosopher Ian Hacking notes (*Travelers* 2). Finally “mad” has a similar reappropriated power to the word “queer.” There is a Mad Pride movement throughout Western nations, embracing the word as a powerful self-signifier (Curtis 7), moving past stigmatizing language, and focusing on more important political and social goals. I use the terms “madness” and “mad studies” throughout this project because they express an alliance with those who experience rather than those who diagnose, and because they are broad enough to convey a temporal, geographical, and cultural range of alternate mentalities or states of distress.

⁵Lourdes Rodriguez Del Barrio stresses that there actually are no parameters for accuracy when describing these experiences: “Whether one uses terms such as ‘madness,’ ‘mental illness,’ or ‘mental health problem’ or diagnoses such as ‘psychosis’ or ‘schizophrenia,’ these words all belong to and reflect the theories and practices of the historical and socio-cultural context upon which they are based. Such terms – and the practices that go along with them – come from attempts to understand, make sense of, cope with, and master experiences that come up against suffering, the unknown, and the strange. However, these terms are also a source of pain, exclusion, reclusion, incomprehension, and various forms of violence, and shut out the voices of the people most directly concerned” (139). I must use *some* term, and I have chosen madness to abjure the most injurious medical forms of “mastery.”

⁶As Ian Hacking writes in his study of what he calls “multiple personality,” “there is nothing like an acronym to make something permanent, unquestioned” (*Rewriting* 17). Donley and Buckley show similar derision for the responsibility-relieving power of the “three-and-four-letter disorders” (3). These writers are responding to the problem that acronymic or other official labels look like answers where few exist.

The virtue of these terms is their flexibility, and the definition of mad studies may need to be flexible as well. The term should accommodate literary, historical, and political studies of the representations and expectations that surround madness. To some extent, the term is necessary because it would help to coalesce the work that is already being done in such areas, bringing them into more focused and productive conversation with each other. Indeed, it is this conversation that feels most sorely needed. “Madness and Literature” is a well-researched topic, but writers like Lillian Feder or Allen Thiher rarely engage with any political agenda. Meanwhile, historical studies like Torrey and Miller’s or Gerald Grob’s deal only superficially with the potentially powerful aesthetic texts that illuminate the evolution of medical and social discourses. Moreover, mad studies will give firm place to the least-visible, most tangential term under the umbrella of disability studies. Although both Lennard Davis and Rosemarie Garland Thomson note mental illness as within the wide category of disability, it feels a bit symbolic, half-hearted, especially as Thomson argues that “Only the shared experience of stigmatization creates commonality” (15).⁷ The links between disability and mental distress, though perhaps not clear-cut or stable, seem to be more profitable to explore than break, so I claim those bonds and aim to strengthen them paradoxically through independence. Like a teenager finally liking her parents when she begins college, mad studies can be a better ally with disability studies when its own analytical and political agenda is clarified.

The fields of disability and mad studies do share ground. Both are strongly invested in the ideas of stigma, the usefulness of marginal subject positions for cultural

⁷Others, like Andrea Nicki, try to strengthen a claim to connection by using terminology like “psychiatric disability,” but this feels forced.

understanding, and the socio-historicity of any given “norm” or “normate” figure.⁸ But mad studies’ focus on the deviances of mind emphasizes elements of unpredictability, invisibility, and language more than the differences of body. Any disability – indeed, any powerless Other⁹ – can seem the specter of a threat (to health, to normality, to economic and social power), but mental distress seems a more terrifying specter because of its ability to erupt in the lives of both sufferers and bystanders without warning. And unlike other unwarned life-events, such as cancer or a body-altering accident, madness will not remain a stable factor of self once it has erupted. The story of life after a cancer diagnosis may fluctuate, but it lacks the protean unexpectedness that makes madness so frightening.

Many have pointed out that madness is all the more stigmatized because of its unstable, eruptive tendency (Wahl 51, J. Hubert 4-5, S. Gilman 12-24). As a category of otherness, madness epitomizes how Thomson expresses disability’s felt threat to the social order: it “suggests that the cultural other lies dormant within the cultural self, threatening abrupt or gradual transformation from ‘man’ to ‘invalid.’ The disabled figure is the stranger in our midst, within the family and potentially within the self” (43). Madness exemplifies the fear of the stranger within, as we will see; this widespread fear cements mad studies’ place within disability studies, even as it establishes specific territory. The terror of otherness is amplified when the self seems lost – “man” becomes “invalid” – even though the body itself appears unchanged. Even if we all “know” what

⁸See Brooks on the discrimination of the mentally ill at rates “unthinkable” for physical illness (12). Slurs come from being a stigmatized minority, at a rate Wahl says “would be considered totally unacceptable for almost any other group” (27). They are also applied to unpopular political figures as insults, which in turns discredits those to whom the terms more legitimately apply (28). See also Sontag’s *Illness as Metaphor*.

⁹Davis argues that there is the least apparent solidarity when it comes to issues pertaining to the disabled, and suggests that this is due to the *kind* of threat disability presents: “No whites will become black; few straights will become gay; but every normal person can become disabled” (*Backwards* 4). Disability is, if not actually contagious, then at least alarmingly rapacious, and its disempowerment could strike anywhere, and for no good reason at all.

madness looks like, we also know that it might look like nothing at all. Hannibal Lecter has six fingers and maroon eyes (Harris 15-6), but Ted Bundy didn't; Charles Manson didn't. (He did have a swastika carved into his forehead, but he was already in prison, clearly identified as scary.) Rick Moody writes that we imagine the appearance of mental illness, even though "looks like nothing. *Suffering* looks like something. But generally mental illness is simply the physical illness that bears no trace" (13). One of the reasons that the stigma of madness is so indelible is that it *needs* to be; stigma is the application of that unborne trace to counteract the fear that the other might go unnoticed as such.

Stigma adheres in language as well. Other forms of disability permit authority; even if the body is different, the person inside it is still able to know himself and even expected to advocate for himself based on that knowledge. Such authority is generally denied madness. Having experienced a form of distress that may be considered outside the realm of language, or one that temporarily affects one's ability to use language as others do, one is subsequently disbarred from giving meaningful testimony thereafter. As Cross points out, even the treatments meant to aid distress can end up "undermin[ing] one's credibility to speak publicly on matters pertaining to one's situation" (26). Madness is doubly tied to language: the experience of symptoms (and treatment) needs extraordinary linguistic measures to be shared, but having had such experience (and maybe electroshock therapy and anti-psychotic medications to boot) renders any such speech suspect, disqualifying any qualified speaker *because* of his or her qualification.

Unpredictability, invisibility, and language are thus three crucial areas of divergent exploration for mad studies. Where it returns to the disability studies cause is equally crucial. The related fields share a deep investment in the political ramifications of

perceived otherness. Despite the fact that mental illness will directly affect 1 in 5 people over the course of a lifetime (and many more indirectly), without regard to class, courage, brains, or talent, little attention is paid to media inaccuracy, government inaction, or the inaccessibility of life necessities such as work, shelter, and medical insurance (Wahl 47, 101-5).¹⁰ Mad studies should aim at least to draw attention to these facts; if scholarship is only a step in the direction of real-world intervention and action, it is still a step.

My interest is in the literary forms and functions of madness, in madness as it enables metaphors and narratives. Following Mitchell and Snyder's useful terminology, I might term this an interest in the prosthetics of madness. As Mitchell defines narrative prosthesis: "disability has been used throughout history as a crutch on which literary narratives lean for their representational power, disruptive potentiality, and social critique" ("Materiality" 17). Leaning on madness makes certain things possible for writers, certain meanings and structures of stories. Mad studies is not a psychiatric approach to literature, in which critics diagnose writers and/or characters based on the appropriate *DSM* criteria. I dislike such imperialistic pathologizing; besides, such work already exists. Instead, I limit myself to representations which are either explicitly labeled as psychologically abnormal, or which have been habitually received so. Whether or not it is possible to speak about madness, given that speech is aligned with Foucault's "reason" and Thiher's "shared logos," is not a question I can answer.¹¹ Rather I am interested in how writers represent madness through the metaphorical, narrative, and

¹⁰There is also the question of how these factors interrelate; both Wahl and film critics Glen and Krin O. Gabbard worry that media portrayals might keep people from seeking or accepting help, or caring about the allotment of federal resources for those who do (Wahl 104, Gabbard and Gabbard 167).

¹¹For one point of view from a braver soul, see Ken Jackson on the epistemological and ethical problems posed by the self/other and reason/madness dialectic (237-9).

other textual devices available to them, *whether or not these uses are legitimated by the writer's biographical background*. I grant that madness poses a challenge to language, but I do not cede that any human experiences are beyond the reach of a sympathetic imagination, both of the writer and the reader. Of course, sometimes sympathy gets waylaid for broad social metaphors, as we see in texts (especially popular in the 1960s) that unite madness and non-conformity, another theme amply explored elsewhere.¹² Overall, my interest is in texts that include the kind of madness that alienates someone's experience from the shared reality, which he or she once shared too and to which he or she might be able to return. This alienated, subjective reality often requires a new approach to language if it is to be fully conveyed. Evelyne Keitel defines the genre of "psychopathography" as the literature that communicates psychotic experience while – or perhaps *by* – struggling with the "limits of verbalization" (3). Across the genres of drama, fiction, and memoir, I call the texts engaging with those limits, and with the quantitative excesses of consciousness that appear as alternate mentalities, "madness narratives."

Why do we read madness narratives? What compels us about stories of people's "minds going wrong," as Davis puts it (*Enforcing* 153)? These stories offer puzzles; they offer drama; they offer vicarious release and reassurance.¹³ They can also offer a model of authenticity. In an alienating age, whose experience is more valid than the uber-

¹²For a sample from the dozens of possible examples, see Cheever's discussion of *Invasion of the Body Snatchers* (60-7), Castronovo and Goldleaf's comparison of Yates's *Disturbing the Peace* to the works of Heller, Vonnegut, and Kesey (30), and almost anyone's discussion of *One Flew Over the Cuckoo's Nest*. Though this seems a particularly potent mid-century theme, Simon Cross points out that the idea of a world more mad than its madmen has been an aspect of social commentary for at least three centuries (27-8).

¹³On these last two see Gail Hornstein, who writes: "Some want a glimpse of madness; others want to reassure themselves that they are saner than perhaps they seem" (9). Thomson's discussion of the cultural work of the freak show, demonstrating uniqueness to enforce uniformity and efface suspicions of a chaotic or meaningless world, is also relevant (66). On the vicarious thrill of reading see Tougaw, who argues that we read in order "to indulge in the vicarious thrill of experiencing loss with few consequences in our real lives. Narrative provides a relatively low-stakes situation for experiencing emotions like these" (56).

alienated mad? And even if we don't read madness as an authentic experience of reality, it remains an indisputably authentic suffering.¹⁴ Most important, I think, is the function Anne Hunsaker Hawkins articulates for the genre she names "pathographies," which are the (usually non-fiction) texts whose central narrative interest is the experience of some kind of illness. Hawkins writes that these pathographies

offer us cautionary tales of what it would be like if our ordinary life-in-the-world suddenly collapsed. And indeed most of us, at some time or another, have recognized that the apparent orderliness and coherence of our lives is something of an accident, or a gift, or a miracle that renews itself day after day. Yet most of us behave as through this miracle were natural – a constant around which we can organize our lives. Thus we plan for the next day, and we go to sleep at night in confidence that the world (and we ourselves) will be the same the following morning. Pathographies offer us a disquieting glimpse of what it is like to live in the absence of order and coherence. (*Reconstructing 2*)

To appreciate the miracle of the absence of personal chaos as a cautionary tale, or, conversely, to find validation and coherence for personal chaos by finding a shared experience: either way, pathographies, and the related genre of madness narratives, offer readers a bridge over the abyss of vulnerability, of (ultimately) mortality. Even an ordinary life-in-the-world is bound by frightening limits, and texts like these allow us to confront those limitations safely, but not without the possibility of transformation. We read madness narratives, in short, for all the reasons, superficial and deep, we read *anything*: we hope to be entertained, rewarded, reassured, and we always face the possibility of being taught, being changed.

At any given time, the shape of the bridge over the abyss will vary. As Gail Hornstein puts it: "Every generation has its preferred view of mental illness, and books

¹⁴Hence Moody's recollected response to the alleged statistic that poets are 50% more likely to experience madness: "poets were the genuine article. Because: nothing was more genuine than mental illness" (11).

that capture it become best sellers” (8).¹⁵ The preferred view changes for many reasons, including new cultural mores, different geopolitical situations, and evolving medical theories. What is popular, on bookstore shelves and in clinical charts, will shift, and as it does, so too does the experience of madness itself. As Allen Thiher writes in *Revels in Madness*, “in literature as in life, we see that the mad inhabiting reality and the mad found in fictions live and experience their insanity in conformity with the explanatory paradigms that their era uses to understand madness” (162).¹⁶ Nor is this relationship unidirectional: experience conforms to explanation, but explanation will move with experience; patients are not passive consumers of mental health dogma, but active participants in shaping their era’s preferred view. This point gets its fullest treatment in Mikkel Borch-Jacobsen’s book *Making Minds and Madness*, or in French, *Folie à Plusieurs* (*Folly of Several*, a pun on past diagnosis of “*folie à deux*,” now known as “shared paranoid disorder”), which better expresses the kind of collaborative “making” he means. This book examines at length the phenomenon of ceaseless psychiatric evolution. Mental illnesses “change from one place and time to another, undergo mutations, disappear and reappear,” he writes; “Each age, each society, produces its own type of madness, of malady of the soul, and it is pointless to try to translate one into another or make this one the truth of another, for the cultural paradigms that give birth to

¹⁵Hornstein’s paradigmatic examples are *The Snake Pit* for the psychoanalytic heyday of 1946 and *Girl, Interrupted* for its uncertainty and dark comedy speaking to the 1990s (8-9).

¹⁶Lillian Feder makes a similar claim in *Madness and Literature*, who notes the reflect-but-challenge relationship of literary interpretations of madness with the assumptions of contemporary medicine, religion, politics, etc., as well as the fact that “certain symptoms are characteristic of their different times” such as pathological guilt in a patriarchal church-state (4, 5). Feder’s approach doesn’t involve those characteristic symptoms very deeply, however; moreover, she assumes certain (psychoanalytic) constants about mental and artistic processes that I am unwilling to echo. Thus, Feder’s interest in literature and madness overlaps surprisingly little with mad studies.

them are incommensurable” (104-5).¹⁷ For Borch-Jacobsen, even illnesses with a biological substrate (as schizophrenia is generally believed to have) are experienced and explained differently in each age and society.¹⁸ Moreover, other illnesses will gain explanatory and experiential popularity because of their cultural and historical position.

In *What I Loved*, novelist Siri Hustvedt articulates the relationship of medicine, patients, and culture in the creation and experience of madness. Violet is writing a thesis on Augustine, the famous nineteenth-century French hysteric, and it involves this point:

“You’re saying that hysteria was a medical creation,” I said.

“No,” Violet said. “That’s too simple. The medical establishment was certainly part of it, but the fact that so many women had hysterical attacks, not just women who were hospitalized for them, goes beyond doctors.

Swooning, thrashing, and foaming at the mouth were a lot more common in the nineteenth century. It hardly happens anymore. Don’t you find that odd? I mean, the only explanation is that hysteria was a broad cultural phenomenon – a permissible way out.” [...]

“You think that Augustine was pretending?”

“No. I think she was really suffering. If she had been admitted to a hospital today, they would have said she was schizophrenic or bipolar, but let’s face it, those names are pretty vague, too. I think her illness took the form it did because it was in the air, floating around like a virus – the way anorexia nervosa floats around today.” (54-55)

Violet’s fictional thesis synthesizes many ideas vital to mad studies. The manifestations of suffering are malleable, even beyond the mold of medicine. Borch-Jacobsen accounts

¹⁷A good example of incommensurable paradigms is shared by literary critic Allen Thiher and psychiatrist Richard Castillo, who both observe that Western madness no longer includes witches; Castillo even argues that cultural learning produces neural networks in the brain that create the subjective experience and idioms of distress in which “individuals of those times *were* possessed by demons and victimized by witchcraft” (36, Thiher 321). See also Edward Shorter’s *From Paralysis to Fatigue*, which examines the co-evolution of psychosomatic complaints and medical theories of legitimate illness.

¹⁸It is important to note that this does not mean, to Borch-Jacobsen or to me, that mental illnesses, or the suffering they entail, are not “real.” However, there is a spectrum of “reality” when it comes to this topic. The antipsychiatrists, Thomas Szasz perhaps most emphatically, insist that mental illness is a political label, a “myth,” and not a biological reality; this leads to equally emphatic opposing claims from E. Fuller Torrey, Peter Sedgwick, and Edward Shorter. Borch-Jacobsen, following Hacking, takes what I consider a middle ground, arguing that cultural contingency is an inextricable part of reality: “one is not mentally ill in the same way here and there, and sometimes one isn’t mentally ill at all.... Mental illness, however real it may be, does not exist apart from the various discourses and practices that *make* it exist” (5).

for this malleability by stressing the communicative nature of the patient/doctor exchange: those in distress need to communicate with medical figures, and so their symptoms speak the established language of those they need to recognize (if not cure) that distress. As he puts it, “the enigma represented by the illness for patient will tend to be formulated in terms capable of being heard by the psychiatrist or the medicine man” (7).¹⁹ For Borch-Jacobsen, and for Violet too, the need to be heard will create different forms of suffering, an expression shifting with what is “floating in the air.” A common term for this idea, used by clinicians, historians, and literary critics alike, is “idioms of distress.” Other terms include Elaine Showalter’s “hystories,” Ian Hacking’s “Transient Mental Illnesses,” and my own “vogue diagnoses.” Whatever we call them, such terms express real suffering in different shapes. A tempting hypothesis might be to suggest some underlying, unchanging biological madness that can manifest in diverse ways.²⁰ Such a possibility is certainly beyond my immediate purview, and possibly beyond anyone’s lifelong expertise. Whatever accounts for it, the fact is that the explanations and experiences surrounding madness are neither ahistoric nor acultural. This does not mean that people are not “really suffering,” just that such suffering exists within and is profoundly shaped by place and time. For these reasons, we need the following section before we can move on.

¹⁹A similar idea is the basis for Szasz’s contention that apparent forms of madness should be considered like languages instead of diseases, an idea he also uses to emphasize personal responsibility: “One may get cured of a disease, but one must learn a (foreign) language” (146-7).

²⁰Both Borch-Jacobsen and Hacking explore this hypothesis, the former repudiating the presumptuousness of such knowledge, and the latter more gently redirecting our attention to the more interesting question of “what makes it possible, in such a civilization, for this to be a way to be mad?” (Borch-Jacobsen 186, *Travelers* 56). See also Kleinman on how illness is comprised of the interplay between bodily experience and cultural categories (14-26). I do not claim the expertise to be able to decide the reality of mental illness one way or the other, but I do appreciate the point that even hard science depends on our historically contingent abilities to gather and interpret data.

Twentieth-Century Psychiatric Epistemes: A Brief History

When it comes to the history of madness, Michel Foucault is an inescapable figure. The central contention of his seminal book *Madness and Civilization*, that “madness” is a political invention induced by the Enlightenment and its attendant social and economic changes, has been highly influential.²¹ Even more so is the Foucauldian “episteme.” This term describes the set of cultural and intellectual factors that go into the formulation and acceptance of an abstract concept at a certain moment in time. Foucault’s argument is that as aspects of culture change, so too do those intellectual formulations, sometimes gradually and sometimes in sudden epistemic breaks.²² The history of madness in twentieth-century American thought corresponds with roughly three epistemes, as I will shortly discuss. That said, there are critics who emphasize continuity rather than change; Thiher, for example, argues that from ancient Greece to today, the definition of sanity has involved participation in logos, by which he means the reasonable community born of a shared language (160). This continuity is due in part to the absence of an illuminating discovery (something with the discipline-altering importance of bacteria seen under a microscope) to fully disrupt old explanations of madness. There have been advances, but nothing of an overturning order. Investigating the ebb and flow of vogue diagnoses, mad studies needs to be alert both to continuities and severances,

²¹Foucault receives treatment in many texts relating to mental illness, often for either reverence or repudiation. For example, Edward Shorter considers Foucault part of the anti-psychiatry movement, and as such, scolds his idealization of the era before the advent of institutional care and disputes the “fiendish alliance between capitalism and the central state” (and the suggestion that the incarcerated were punished for ideological deviance) favored in Foucault’s account of the growth of the asylum (*History* 16, 52). Lillian Feder, on the other hand, scolds him for overlooking the “revolutionary” nature of psychoanalytic theory and practice, and accuses him of idealizing, romanticizing, or mysticizing madness (32-3).

²²See Feder’s treatment of the introduction of psychoanalysis (32) and the treatment of the discovery of chlorpromazine in Shorter (*History* 255) and Andreasen (191) for examples of how epistemic breaks are presented in the histories of madness.

recognizing the explanatory power and usefulness of the Foucauldian model without submitting to it entirely. Keeping an open mind about how, to draw from Cross, each epistemic current leaves traces on how we think (10), we are better able to attend to the lived experiences of distress at a given point in time. The mind is not passively subject to non-negotiable hegemonic ideology; it is a subject of its own cultural meanings, its own personal experiences, and its own situated history. For mad studies, respecting these factors is as important as grasping the sweep of the episteme.

The recent American history of madness can be approximated in three eras: the eugenic, the psychodynamic, and the psychopharmacological/neurobiological episteme.²³ In each era, the forms of illness “in the air” have varied. A history of madness (and its forms) tends to correspond to the history of theories and practices surrounding its treatment.²⁴ I do not mean to rewrite that history here, as others have approached the project far more ably than I could (see Hale, Porter, Shorter, Grob, Whitaker). However, a brief synopsis of these broad trends is useful to have in mind; mine follows.

At the beginning of the twentieth century, most psychiatric thought was based on ideas of heredity and degeneration. (There was also a softer psychiatry for the upper-class that focused on “nerves,” which carried far less stigma for a family, largely because nerves were seen as less hereditary than insanity.²⁵) I call this the *eugenic episteme*.

²³At least the latter two of these eras can be seen quite clearly in the transformations of the *DSM* since its first publication in 1952; see Castillo (7-12).

²⁴For Borch-Jacobsen, no other history is possible; madness is made *by* those theories and practices (5). Robert Whitaker further argues that theories are born out of practices, a posteriori: “The treatment begat the theory of illness, and not vice versa” up to and including the current theories of chemical imbalance (196).

²⁵In Susan Glaspell’s play *The Verge* (1922), one character scoffs at calling a doctor an “insanity man:” “How absurd. He’s a nerve specialist. There’s a vast difference.” That not everyone was convinced by the softer terminology is clear when the character intended as his patient responds “Is there?” (87).

Treatments for the mentally ill were largely somatic; their goal was to pacify the mind by fixing the body. Between 1900 and 1940, treatments developed and used included bleeding, gynecological surgeries, insulin coma, fever therapy, electroshock, and lobotomy. The larger social goal within this episteme was to end madness (and improve the population) by recognizing and curtailing its sources. Torrey and Miller maintain that this goal was spurred by a genuine increase in insanity, what they call an “epidemic,” and one that was not solved by any attempt at prevention (289).²⁶ These attempts included immigration restrictions and many sterilization laws throughout the United States in the 1920s and 30s. However, the similar laws enacted in Nazi Germany in 1933, which yielded a program in 1940 to replace sterilization with suffocation, made these eugenic ideas repugnant after the war. A new ideology was welcome, and Freud-inspired psychodynamism entered the epistemic scene.

As I will explore in chapter III, military psychiatry learned much from the Great War, and principles such as catharsis and abreaction were applied to the treatment of soldiers in the Second World War with good results. Moreover, American intellectuals had long been taken with Freud, so the grounds were well-established for the postwar popularity of ideas about how emotional, relational, and developmental factors were the primary cause for health disturbances.²⁷ This is the *psychodynamic episteme*. Almost all

²⁶Torrey and Miller further believe that this epidemic, surging over two centuries, is still going on, and they are aghast at the lack of interest or action surrounding it (299).

²⁷Hale posits that this model’s success in America was based on its congruence with new socio-cultural goals: “In its promise of augmenting individual potential, it has fitted nearly into the old American pattern of self-improvement and upward mobility” (*Rise* 392). See also Illouz on this congruence (9, 43). In Yates’s novel *Revolutionary Road*, Frank Wheeler sums up the national popularity: “This country’s probably the psychiatric, psychoanalytic capital of the world. Old Freud himself could never’ve dreamed up a more devoted bunch of disciples than the population of the United States – isn’t that right? Our whole damn culture is geared to it; it’s the new religion; it’s everybody’s intellectual and spiritual sugar-tit” (68).

of the federal programs of this era (starting with the National Mental Health Act in 1946 for research, training, and facilities development) favored psychoanalytic forms of psychiatry. Treatments were based on a doctor-patient relationship, and diagnoses were flexible according to the emotions and memories discussed therein. Tracy Thompson, in her memoir *The Beast*, describes her many diagnoses from her first therapist during this era, which ranged from hysterical personality disorder to narcissistic personality disorder to borderline schizophrenic (66). But it wasn't only patients who imbibed such ideology. According to Eva Illouz, this episteme is also responsible for the birth and subsequent explosive growth of self-help movements in both publishing and the workplace (47-61). The psychodynamic episteme thrived in America from the end of the war until the late 1960s. Its decline can be attributed to a number of factors, including vocal criticisms of dogmatic Freud-worship and "adjustment"-oriented therapy from feminist and anti-psychiatric writers. But perhaps the most significant episteme-altering factor was the rise of available and useful medications. Throughout the history of madness, when an organic explanation is assigned to a syndrome, "the syndrome ceases to be considered madness" (Thiher 11).²⁸ The availability of medications that could vanquish or at least mitigate psychosis indicates that treatment for said psychosis should acknowledge factors besides emotions, ego formation, and early childhood psychic defenses. When doctors could prescribe drugs, rather than enter a course of open-ended talk therapy, the ideas of psychoanalysis came to seem increasingly distant from the practice of psychiatry.

This third episteme, with its mutually constituted emphases on drugs and the brain, I call the *psychopharmacological/neurobiological episteme*. The treatment – newly

²⁸Of these promoted-from-madness syndromes, Thiher names epilepsy and Alzheimer's (225); Shorter names neurosyphilis, retardation, stroke (*History* 326); and Hale adds asthma, hypertension, peptic ulcers, and ulcerative colitis (*Rise* 383).

invented and profitably marketed chemical substances – begat a theory of madness induced by a “broken brain.”²⁹ Though it took time to reach ascendancy, this era began with the introduction of chlorpromazine (a.k.a. Thorazine), the first neuroleptic or “anti-psychotic” drug, in 1954. Not everyone hails Thorazine as a penicillin-type “wonder drug,”³⁰ but it did remit many florid psychoses and allow people to leave institutional care. Lithium and the tricyclic antidepressants soon followed, as the pharmaceutical industry worked to fill every niche of diagnosis. With these drugs available, the idea of “community care” (and its less sunnily phrased twin, deinstitutionalization) became the new social program in the 1960s and 70s. Distant, isolating asylums could be replaced with local day facilities and other community centers, since neuroleptics rendered most patients stable enough to manage the world. Defenders of the neurobiological model argue that, given what we now know about brain plasticity, this understanding takes a *less* deterministic attitude toward deviance and distress, and embracing it should lead to better care and less stigma for the afflicted (Andreasen 252-3). Though the ideals of vanished stigma and community care have not come to fruition as hoped, the intellectual framework remains. Most people today think of madness as a “chemical imbalance” requiring “meds;” this scientific hypothesis has permeated common discourse.

²⁹This term, used by Andreasen as her title, is hotly disputed. Castillo particularly dislikes it: “treating mental patients as if they were nothing more than dysfunctioning biological machines reduces psychiatry to the level of veterinary science” (55). Shorter, on the other hand, thinks the idea reduces stigma: “the drug revolution [makes] it possible to dampen or abolish entirely the symptoms of psychiatric illness, so that individuals with those disorders need be no more feared than people with a broken arm or a bruise on the head” (*History* 325). See also Porter’s warning about “the tail wagging the dog” (207) and Ingram’s about the “Faustian pact” between psychiatry and pharmaceutical industry (238).

³⁰Andreasen calls it exactly that (191), but Whitaker emphasizes the evidence that neuroleptics alter the brain and make people more prone to further psychosis, less prone to recovery (as well as creating new pathologies through side effects) (182, 164). John Modrow (whom the Mad Pride movement might term a “psychiatric system survivor”) argues sarcastically that biological explanations are “wonderfully cost-effective... for it is much easier and cheaper to treat schizophrenics like *defective objects* than it is to treat them like human beings” (228).

But how does this permeation occur? How, exactly, did these epistemes sweep their currents across the landscape of American culture? As Edward Shorter asks, how were theoretical shifts “communicated to patients, most of whom did not read medical journals?” (*Paralysis* 211). There are major influential events, like the development of drugs or the widespread traumatizing of soldiers during war. But simpler interactions also advance the epistemic tide. Patients may not read journals, but they talk to doctors, and their illness will be shaped by what those doctors have read. Besides, patients and doctors both read *other things*. The woman who became famous as “Sybil” began treatment at a time when fictions of multiple personalities were popular (Shirley Jackson’s 1954 novel *The Bird’s Nest*; the 1957 film *The Three Faces of Eve*). Even if we cannot prove that Sybil’s distress was shaped by these fictions, it is beyond doubt that *Sybil* (book, 1973; TV drama 1976) caused an exponential rise in diagnoses of Multiple Personality Disorder (Borch-Jacobsen 64). The interaction of a culture with its media is also crucial. Eugenic ideas were publicized in newspapers and textbooks at the turn of the century (Wolff 217); *Life* magazine’s exposés of the conditions in mental hospitals in the 1940s pushed the move toward deinstitutionalization (Whitaker 73); and our current ideas of what diagnoses might apply to us are massaged by modern media, in both sensationalistic stories and advertisements for products such as Abilify, Cymbalta, and Lyrica.³¹ What we think about how we feel – a loose definition of the idea of a psychiatric episteme – shifts based on individual and collective responses to a cultural moment comprised of historical

³¹Since starting this project, I have been fascinated by these ads, especially when they take on the challenge of rendering madness somehow visible. In the animated Abilify ads airing in the fall and winter of 2011, a woman is followed around by a black spot, which becomes at different times a hole, a balloon, a ball and chain, and a weirdly companionate blob to indicate that she is living successfully with her depression. Look out, literary artists: the ad-writers are coming after your monopoly on metaphor.

facts, economic conditions, and aesthetic representations alternately competing and harmonizing for our attention.

One contemporary harmony with earlier ideas is the growing acknowledgment that some psychodynamic practices and principles can continue to be helpful in the day-to-day work of treating patients and ameliorating their distress; Richard Castillo, arguing for holistic, “client-centered” health care, believes this to be the sign of a coming new episteme (16).³² Perhaps this new era will grow from the idea that the neural structures in the brain are adaptive to things like trauma, therapy, medication, and cultural learning; grasping how it might come to be “broken” requires a more encompassing and sensitive framework than purely biological understanding. It might respond to the increasing calls for safe, humane long-term care options for the thousands of people whom deinstitutionalization has failed. A new episteme might draw on the skepticism toward “big pharm,” working from the fact that some disorders seem to be invented to fit available medication rather than vice versa.³³ It could also incorporate postmodern disability ideas, including a deauthorizing of universal claims and an “appreciation of diversity and of situated subjectivity” (Scully 59). Whatever events, explanations, and treatments come to define the next psychiatric episteme, whenever it comes, one can only hope that the insights of those who have experienced madness within the previous epistemes are not entirely washed away.

³²Hacking too believes that the ground is shifting, that “psychiatry is in a transitional state in the developments of treatments for, and diagnoses of, mental illness” (*Travelers* 94).

³³Shorter suggests that panic disorder was created to match Xanax (*History* 320); Borch-Jacobsen, more cynically, notes this pattern with depression too; not that the modern world is getting more depressing, but rather, the knowledge that these drugs exist causes people to experience their distress in a way that would call for them (6). What we see here is that this episteme is driven more by business than by academic scholarship or medical practice. Whitaker notes, with some venom, that this profitable model is unlikely to change even in the face of a report from the World Health Organization that outcomes for people with schizophrenia are better *without* a psychopharmacological treatment system in place (291).

Models of Madness

If a new episteme approaches, all the more reason for mad studies to contribute to the next iteration of intellectual, social, and political formulation. For my part, I maintain that literature offers valuable “data” about the making of reality, as well as suggesting better ways to conceive of reality. Madness narratives can help to question the absolute and divisive diagnoses of the medical model of madness. G. Thomas Couser identifies three models for the narrative representation of disability: the symbolic, the medical, and the social/cultural/political.³⁴ In the symbolic model, “disability is a sign of a moral condition or divine disfavor;” in the medical model it is “a defect or deficit in the individual body that medicine attempts to fix or compensate for;” and in the social/political/cultural model, “disability needs to be addressed not in the individual body but in the body politic, which may require rehabilitation in the form of legislation, modification of the physical environment, and so on, to ensure equality of access and opportunity” (“Signifying” 112). Of these, the medical model most presents itself as interested in neutrality or objectivity. But such a presentation raises as many problems as it resolves. As Thomson describes, people have long villainized disability because it suggests the terrifying stranger within. This response recognizes two categories of difference: the binary division between sick/well, self/other, safe/villain, and the gradual spectrum allowing any person to change. Analytical specificity rejects the once-popular assertion that “everyone’s a little bit mad.”³⁵ Yet what makes disability and madness such powerful (and feared and stigmatized) categories is that anyone *could* be. The medical

³⁴This is not the only way to describe the field. Proposed divisions proliferate: see Wilson and Beresford (144), Erb (46), and Fleming and Manvell (25-6). For me, Couser’s triad is clearest and most applicable.

³⁵For versions of this claim, see Shorter on Karl Menninger (*History* 178) and Showalter’s *Hystories* (13).

model compensates for individual defects, but madness narratives make it clear that such contained compensations mistake the broader human spectrum of experience.

Disability scholars Anne Wilson and Peter Beresford term this spectrum the continuum of distress.³⁶ As they see it, the experiences labeled mental illness are part of “a continuum upon which *all* people would place themselves, in different positions and at different times in their lives.... [T]he world does not exist of ‘normal’ and ‘the mentally ill’; it consists of *people*, all of whom may experience mental and emotional distress” (144). Susanne Antonetta uses the term “neurodiversity” to express a similar concept. Though such ideas are not undebated – Torrey believes such rhetoric obscures the forms of distress that require medical attention and blunts requests for funding (183-98) – it is often those who have been personally harmed by the strong binary division of the medical model who are the most in favor of an alternative. In Kate Millett’s memoir about what she considers her unjust medical labeling and imprisonment, she says “sanity” should be understood as “a spectrum that runs the full course between balancing one’s checkbook on the one hand and fantasy on the other. [...] A rainbow. All human. All good or at least morally indifferent” (314). This is what I mean by quantitative rather than qualitative excess. Decades before Millett, Lara Jefferson wrote: “there is no such thing as a normal mind – or an abnormal mind; but only minds and more minds. That life is the important thing – not the classification of it. Life. To live it – and not fear it” (23).

Are there still important differences within this “minds and more minds” approach? Of course. Patricia Deegan, a psychologist and self-identified voice-hearer, maintains that auditory hallucinations should not be likened to, say, having a song stuck

³⁶Many disability scholars emphasize the idea of the continuum as opposed to what Davis calls “the Manichean binary” (*Enforcing* 157). See, for example, Jim Swan, who writes: “*disabled* and *nondisabled* are not binary opposites but, instead, describe variable positions on a multidimensional gradient” (293).

in your head (Glass). A spectrum can promote false, facile, and co-optive identification, all of which are contrary to the goals of actual understanding. Nevertheless, it is crucial to have some version of the continuum of distress in place to prevent the potential dehumanization that comes from the medical model's deficits. Medical diagnoses and psychiatric labels have historically divided the objects of those diagnoses from the "psychonorm" that validates selfhood (I draw the term from Wilson and Beresford, 145). Mad studies can reveal and challenge this power; it can recognize and restore valid subjectivities and selfhoods within the whole of Millett's neurodiverse "rainbow."

The constructed nature of the psychonorm, and the continuous nature of mental health, can be revealed through a formal examination of literary texts. The stories we tell, and how we tell them, profoundly shape who we believe ourselves to be and how we live in the world. As Rosemarie Garland-Thomson points out, many discriminatory practices (she names lynching, eugenic programs, and domestic violence) "are legitimated by systems of representation, by collective cultural stories that shape the material world, underwrite exclusionary attitudes, inform human relations, and mold our senses of who we are" (9). Sometimes literary texts recapitulate the theories, attitudes, and values of their episteme; sometimes they reveal and challenge their era's flaws. Examining how they do either – or more often, both – brings the social/cultural/political model into conversation with the medical model. If the latter sees disability as a deficit within a contained body or brain, the former sees it as an interactive construction that needs to be "fixed" in the laws, buildings, and expectations of society at large. Fiction, memoir and drama (especially drama, as I will discuss in chapter II) are ideally positioned to show us how an individual story is surrounded and shaped by a social structure. Even if, as Baker

et al observe, the individual experience is “of primary importance” in fictional texts (18), the collective invariably creeps in to color it. Mad studies sees the social/cultural/political model of madness expressed in and stemming from the aesthetic representations of a given historical moment. There may be no explicit political agenda to *A Streetcar Named Desire*, but what happens to the individual named Blanche DuBois is inextricable from the social and cultural dimensions of experience. Then, in turn, Tennessee Williams’s play becomes part of the cultural fabric that swaddles our understanding of distress.

And what of Couser’s first listed model, the symbolic? This too is widely present in literature, reflecting and influencing how we perceive madness. Of the models, it is the most attached to metaphor and the least attached to nuanced understanding. David Mitchell concurs with Couser’s analysis of the widespread symbolic status for disability, calling it a “master metaphor for social ills,” and arguing that “metaphors of disability serve to extrapolate the meaning of a bodily flaw into cosmological significance” (“Materiality” 24, 25).³⁷ The extrapolation of brain “flaws” into major significance is pervasive in colloquial language; Rod Lucas points out that “schizophrenia” is unparalleled in its persistent usage to connote social disorder (152-4).³⁸ Yet, curiously, madness is not one of the disabilities Mitchell considers (he lists blindness, lameness, and diabetes, to name a few), despite the fact that it has been a signifier for moral and

³⁷See also Rosemarie Garland Thomson, who sees fictional disability as “a concise trope for a wide range of human misery and corruption” and “a free-floating signifier for evil and woe” (84). This thesis has its naysayers; Anita Silvers is one, who disputes the “conspiratorial interpretation” of disability, always reading it as misfortune. Silvers grants that it is associated with suffering, but challenges that disability is only “concealed and metaphorized, rather than revealed and interrogated” in aesthetic realm (232-4).

³⁸Diagnosing social disorders has been a serious activity during the twentieth century. See, for example, a 1931 article reporting Dr. S. H. Kraines diagnosing the pathologies of the nations of the world, including a manic-depressive US, a Japan with delusions of grandeur and a paranoid Germany (“Madness”), or Ashley Montagu’s 1961 argument that “a whole nation [Germany] was mentally ill for how otherwise would it be possible to account for the behavior of the Hitlers, Goerings, Goebbels, Himmlers, and Eichmans [?]” (21).

theological worth for centuries, as Feder argues at length in *Madness and Literature*. Indeed, madness has been used in literature in manifold symbolic ways, turning a chaotic and very personal experience of distress into a variety of condensed, static textual prostheses. Whether the focus is the divine or the social order, literary madness has been packed into the symbolic model in order to be a coherent symbol for incoherence, a shorthand to express something beyond ordinary experience and ordinary expression.

In the symbolic model, madness is seen from the outside: “what does this mean to me,” not “what is this like for that person?” Though such a madness may not be easy to imagine, it is easy to understand. As Mitchell and Snyder point out, the use of disability as symbol or metaphor closes down interpretative depth by offering a simple equation between physical difference and character explanation, a riddle easily solved: “disability *is* motivation embodied,” they write; “what begins as the most alien and inexplicable of life-forms yields the most commonplace and familiar of explanations” (117). Madness in the symbolic model invites easy leaps of meaning, what Mitchell and Snyder call a “knee-jerk impulse to interpretation” (61). In literary texts that favor the symbolic model of disability, it is common for the representation of madness to invite this impulse, to put transcendent meanings onto characters depicted as “mad.” They are there not to be realistic, or even particularly sympathetic, but to be meaningful, to be clearly interpreted.

The symbolic model dominates media because it is useful. (It prevails especially on television.) Prostheses permit economy in the representational field. Storytellers *need* something to lean on, some quick way to get an idea across. As Garland Thomson notes, disability representations are not alone in this regard. Characters cannot have total mimetic fullness, so they are “necessarily rendered by a few determining strokes that

create an illusion of reality far short of the intricate, undifferentiated, and uninterpreted context in which real people exist” (10).³⁹ Literature itself is a symbolic realm, where all appearances must be constructed in order to exist. As a result, characters – especially the minor ones – are often overdetermined, signaling obvious meanings readers know how to fill in. Metaphorical uses of madness abound because readers can be trusted to “get” them with minimal effort or detail on the writer’s part, freeing the story to proceed in a more interesting direction. Some of the most popular metaphorical shorthands that madness can express are: a fearsome evil; an oppressively strict social order; a secret and unbearable burden; the shedding of the inhibitions that blind us from seeing or speaking the truth; the alienation born of modern urban life; god-given and sometimes tormenting genius; and profound and inaccessible mystery.⁴⁰ A few broad strokes create such depictions,⁴¹ and these few strokes also invoke the proper metaphor and its attendant interpretive power.

Is this a problem? Should the symbolic model be scorned as reductive, restrictive, and obsolete wherever we encounter it? For Thomson, its compression or flattening would not be troubling for disability-attuned readers were it not for the absence of other kinds of corrective representations (10). (If flattening occurs more often with minor characters, that doesn’t change the fact that there are virtually no counterweights to that heavy symbolic tendency; I have yet to find a minor character whose madness simply

³⁹Alex Woloch calls this the strategy of compression, which turns a person into a synecdoche: “just as the whole gets filtered through the essential part, so the full person is squeezed into the flat character, a flatness motivated and sustained by the *characteristic* that gets derived from the individual only to subsume her” (69). The essential characteristic becomes the whole character, and what “essential” is what is most readily legible and interpretable.

⁴⁰See also Ato Quayson for additional categories that disability can be used to illustrate, including a moral test, a signifier of insight, and a hermeneutic impasse (37-52).

⁴¹Otto Wahl refers to Sander Gilman’s *Seeing the Insane* on the broad-stroke strategy, writing that “depictions are not necessarily accurate, and certainly not literal, representations of mentally ill subjects” but rather reflect the need to allow an audience to recognize that madness is being portrayed (117).

exists, as statistically it exists in the world fiction mirrors, without *meaning* something.) Others have scolded the symbolic model for obscuring lived experience and sedimenting inaccurate and harmful beliefs about people to whom metaphorical language appears to apply (Mitchell 17, Wahl 15). But we cannot eradicate symbolic language or symbolic thinking. “Of course, one cannot think without metaphors;” writes Susan Sontag; “But that does not mean there aren’t some metaphors we might well abstain from or try to retire” (*AIDS* 93). There is nothing inherently unethical about metaphors, or flat characters for that matter. The danger comes when the illumination of borrowing and recontextualizing, as metaphors do, is gained by darkening the experiences, realities, and concerns of those who live within those borrowed terms. This is why Sontag’s *Illness as Metaphor* argues strongly against eliding personal experience and wider social problems. “Illness is *not* a metaphor,” she writes (3); we do the ill, and ourselves, a disservice to treat it as one. We should be wary of the dominant trope of madness as an expression of the alienation of the modern condition, as in Louis Sass’s *Madness and Modernism*, precisely because it makes the specific, personal experience of madness meaningful only insofar as it helps us explain the more general experience of modern life.⁴² There is value in the concrete meaning of madness as well as in its ripeness for symbolic purposes. Mad studies has the opportunity to point out those purposes and, yes, to critique their reductions, elisions, and harms, and then to call our attention back to the social, cultural, and political realities on which the symbolic model draws and within which it operates.

⁴²Though initially denying any etiological connection between modernism and madness, Sass later ruminates at length on precisely that irresistible idea (357). That said, there are other reasons to be concerned with the relationship of modernity and madness, especially outside a narrow Western context. Alice Bullard, who looks at “madness” in French-colonized North Africa, opts not to choose “to choose between the opposing theses about whether civilization causes madness or whether it identifies certain pre-existing behaviors or mental states as mad,” a question that dominates Sass’s book; Bullard focuses instead on the with a 50% mortality rate of imposed treatment (123).

Functions of the Mad Minor Character

The symbolic model of disability is strongest in the minor characters of madness narratives. Sometimes writers appear self-conscious about this, as in F. Scott Fitzgerald's *Tender Is the Night*, wherein a woman in a psychiatric clinic tells her doctor "I am here as a symbol of something. I thought perhaps you would know what it was" (185). This is partly a pseudo-mimetic depiction of her delusionary state, and partly, I think, a winking joke. Narratologist Alex Woloch provides a framework for conceptualizing the symbolic import of these minor characters with the idea of narrative helpers. Woloch draws from A. J. Greimas's actantial theory, in which narratives are structured as "a network of relation between actants" (Greimas 799). Actants interact with each other in certain prescribed functions, thus moving the narrative forward. In Woloch's study on minor characters, *The One Vs. the Many*, he distinguishes three major categories of function for the actants. An actant might be a plot-helper, "who facilitates external developments within the story itself;" a psychological-helper, "who more directly helps to elaborate the protagonist's interiority within the story, often as a friend, interlocutor, or confidante;" or a thematic-helper "who functions within the overall semantic field of the narrative discourse, as this discourse elaborates the symbolic identity (and centrality) of the protagonist" (92). With these helper-functions added to the ideas of actants, Woloch adds a conception of character to Greimas's somewhat dry narratological analyses.

These three types can be further distinguished by whether or not the helper functions smoothly and compliantly within the text, or seems to resist and oppose such integration. Woloch calls these two manifestations of the minor character the worker and the eccentric, one engulfed and the other threatening to explode. He explains them as

the flat character who is reduced to a single functional use within the narrative, and the fragmentary character who plays a disruptive, oppositional role in the plot... [who] grates against his or her position and is usually, as a consequence, wounded, exiled, expelled, ejected, imprisoned, or killed (within the *discourse*, if not the *story*). In both cases, the free relationship between surface and depth is negated; the actualization of a human being is denied. (25)

This last point is important: minor characters cannot be “actualized;” they can be flat or fragmented as they fulfill their role, but either way they are in service (and subservience) to the protagonists.⁴³ As Woloch puts it, their role is to nuance the referential core of the discursive universe: “Secondary characters – representing delimited extremes – *become* allegorical, and this allegory is directed toward a singular being, the protagonist, who stands at the center of the text’s symbolic structure” (18). Given the (arbitrary) centrality of the protagonist, the allegorical or metaphorical nature of minor characters is inevitable. The significance of this for mad studies is that most minor madpeople will enter their narratives representing the symbolic model, and function primarily as metaphors.

There are two important reasons that mad studies should overlook their scant page count and be mindful of minor characters.⁴⁴ The first is narratological: minor characters often have disproportionate importance to the texts they inhabit. Woloch calls this the “dissonance between the character’s delimited role and more extended impact” (37). By definition, minor characters cannot be central, yet they are essential to the universe of signification. Without them, the novel would lack much of its structure. Despite their

⁴³Woloch claims that in their subordination to a service function, “*minor characters are the proletariat of the novel*” (27, emphasis in original). Though anyone *could* be a hero, only one person is, emphasizing a tension between democracy and capitalism. See also Davis on the novel’s formal connection to the bourgeois and industrial ideology of normality (*Enforcing* 49).

⁴⁴One reason that *isn’t* important is providing a catalogue of every possible metaphorical use for madness. When Mitchell and Snyder list types of dehumanizing representations, such as “monster, freak, madman, suffering innocent, hysteric, beggar” (15), they do not claim that these are the only ways that people with disabilities have been portrayed. I too deliberately lean toward being representative, rather than comprehensive, in this chapter and in this project as a whole.

delimitation, they retain both interest and impact, a fact deserving especial notice when the characters are mad. Their impact exists because they are what the central, normal protagonist is defined *against*, which, as disability studies reminds us, is what makes the idea of the norm possible.⁴⁵ Without a straw man standing for Them, there wouldn't be a safe and normal – and fully characterized – Us.

This brings me to the second reason that mad studies should pay close attention to minor characters, which is ethical. In *One Flew Over the Cuckoo's Nest*, Chief Bromden compares the psychiatric ward in which he lives to “a cartoon world, where the figures are flat and outlined in black, jerking around through some kind of goofy story that might be real funny if it weren't for the cartoon figures being real guys” (Kesey 33). This passage reflects both the flattening of peripheral characters and the nagging suggestion that this flattening is false, unfunny, because the “cartoon figures” are still, somehow, “real guys.” Minor characters have a major claim on us because of how they suggest the real; a minor character is “an implied human being who gets constricted into a delimited role, but who has enough resonance *with* a human being to make us aware of this constricted position *as* delimited” (Woloch 40). Minor characters call attention to the limitations, or perhaps the necessary compromises, of mimesis. Some characters receive centrality; others are squeezed into cartoon functionality; and the two are mutually dependent, just as the normate relies on the stigmatized other in discourses outside of fiction. The ethical impact of minor characters is that they embody issues of marginalization and dependency. While novelists simply can't pay attention to everything, their narratives can nonetheless reveal the process and problems of emphasis

⁴⁵See Davis on the novel as a normative form, reproducing symbolically a “middle world” by creating and relying on the disabled Other (*Enforcing* 41-2). See also Canguilhem on the historical anteriority of the “abnormal” in the process of creating and reifying the normal (243).

and exclusion, “suggesting how other possible stories, and other people’s lives, are intertwined with and obscured by the main focus of attention” (Woloch 40). Mad minor characters indubitably support the main focus of attention; this is part of how the symbolic realm of fiction works. However, they also suggest other possible stories, lives, and minds – that is, the symbolic model can point outside itself – which is an ethical role.

In the following pages, I will examine the narratological and ethical implications of the minor character through several examples. As I’ve said, the metaphorical uses of madness include such meanings as fearsome evil, societal oppression, and profound mystery. These metaphors exist within Woloch’s framework of functional narrative helpers, contributing to the development of plot, psychology, or theme. Mad minor characters function because their madness can be reduced to a kind of symbolic meaning that helps the text in a certain way. Determining the particular function of a given minor character requires asking questions like: “Why does this character need to make an appearance, and why does he or she appear at this point, and in this way?” (Woloch 195).⁴⁶ In these next sections, I will investigate these questions for a number of characters within texts from across the span of the twentieth century. These examples are meant to be representative, not comprehensive. Nor should it be inferred that only minor characters play into the symbolic model; certainly some metaphorical uses of madness persist in the realm of the protagonist. The aim of these sections is to show, if briefly, the range of metaphors that have found mad minor characters an appropriate vehicle within the symbolic model of disability in the past century.

⁴⁶One of Woloch’s central theses is that the question of *how* a character appears in narrative is as important as what that appearance “means;” he warns against “rush[ing] too quickly to thematize minor characters, to absorb them back into the totality of the narrative [and thus] lose sight of their rich metonymic significance” (176). I maintain that the meaningfulness of such characters can be noted without absorbing the trees into the forest.

Mad Plot Helpers

When mad minor characters serve to facilitate external story developments they tend to be metaphorically allied with a sense or fear of something unknown. Existing solely to move the plot along, these madpeople are the most subsumed in their functionality, the least likely type of helper to gesture beyond the symbolic model. Instead, their role is to expose or be exposed. Mad plot helpers tend to either keep secrets or be secrets. When madness is engaged with the plot in a peripheral sense (that is, when it is not the central narrative concern in a work of fiction), it leads in the direction of finding or revealing something fearful.

For instance, in Daphne Du Maurier's *Rebecca* (1938), the ambiguously "simple" or "crazed" Ben drops hints that foreshadow and eventually crystallize in the narrator's full understanding of that happened to the first Mrs. De Winter. Ben appears at key moments in the unnamed narrator's distress – usually by the sea, inviting a connection between his own mental state and Rebecca's place of death – to offer words that deepen the atmosphere and provide clues that the reader interprets and the narrator denies. Even as the narrator protests that Ben's words mean nothing, the plot is driven by the gradual discovery of their accuracy. The narrator both wants and fears to know the truth, and Ben's madness allows him to embody that secret. What better reason not to tell than to have been threatened with an asylum if he told? And what better reason to tell than to have a mind that might belong in an asylum? Ben's frightening internal unknowability is the prosthetic for his external function of having - and withholding – knowledge.

But readers are most likely to recognize a mad plot helper in the form of a motiveless, mysterious killer. "Psycho killers," as they are often called – wrongly, or at

least implausibly⁴⁷ – are probably the most common role in which a madperson is likely to appear. The near omnipresence of such representations has been frequently noted (Kuppers 125, Fleming and Manvell 97-109). This character has been particularly bolstered by the popularity of crime shows, as *CSI*, *Bones*, and *Criminal Minds* need a quick way to start, feed, and end their hour-long stories.⁴⁸ But it is also popular in fiction. The mad killer works metaphorically to mean the most fearsome evil of all, that is to say, the evil for which there is no real reason. The American consumer of fictions has preferred the terrifying, motiveless psycho killer to the Agatha Christie-style rational murderer since the 1960s.⁴⁹ As any visit to an airport bookstore proves, these characters motivate proliferate plots. In *Media Madness*, Otto Wahl argues that “dangerous criminal” is the most likely portrayal of mental illness in media, despite the real statistics to the contrary (65-86). Wahl’s book contains an index of the airport-variety paperbacks in which this plot helper dominates, but he also singles out Bret Easton Ellis’s *American Psycho* as “the epitome of such depictions” (71). One thing Ellis’s novel epitomizes is that when the mad killer moves from the margins to the central role of protagonist, the story becomes almost unbearably distressing. This distress, at least for me, is partly due

⁴⁷Wahl explains at some length that the conflation between “psychotic” and “psychopathic” with the mere prefix of “psycho” is inaccurate, or at least highly rare. The terms are not synonyms. Robert Ressler, FBI expert, comments on Hannibal Lecter, saying he “combines attributes of several different sorts of killers, personality dynamics that would be highly unlikely to coexist in one person in the real world” (qtd. in Wahl 19). Whitaker further suggests that the nightmare madman is partly a creation of new drug treatments, and it is the medications, not the mentally ill or their disease, that should receive the blame and the fear (186-9).

⁴⁸In the interest of full disclosure: I have only seen one episode of *Criminal Minds*, and that was because my cousin appeared in it. Both Otto Wahl and my grandmother would have been appalled by what they saw, albeit for slightly different reasons. This same cousin has also played a corpse on *CSI*, and sure enough, I watched that episode too.

⁴⁹Fleming and Manvell examine the shift “from motive to motiveless murder” during this decade, which was marked by assassinations and multiple homicides, as well as news of “accounts of unprovoked murder by American soldiers in Vietnam;” this then promotes the rise of a new kind of murderer who kills without purpose, as in the movies *In Cold Blood* or *Badlands* (102-6).

to the novel's graphic depiction of violence against (mostly) women. Misogynistic violence has been a pattern in stories involving the mad killer for years, and a persistent one, as we see in the recent meteor of *The Girl with the Dragon Tattoo*. That it doesn't have to be is plain when one watches the equally recent series *Dexter*, in which the killer/protagonist only rarely kills women at all, never tortures anyone, and actively works to eliminate those who do torture women. It is possible, then, to create these highly desired plots without recapitulating their ethically distressing extremes.

Narratives of killers motivated solely by insanity can be seen through the lens of dirt theory, something Thomson borrows from Mary Douglas to explicate disability. Dirt theory labels difference dangerous in order to promote social order and conformity.⁵⁰ Thomson writes: "anomaly often becomes synonymous with danger and evil," as we clearly see in the sheer frequency of mad killers; furthermore, given the profoundly disruptive nature of evil, resolution requires "killing or disempowering the disabled character. The logic that governs this cultural narrative, then, is that eliminating the anomaly neutralizes the danger" (36). We can, and do, root for the protagonist to kill the killer, to "stop the madness" by ceasing the life of the mad. As Wahl points out, this justification for vigilantism in the name of neutralized threats is troublesome (76-7), and it springs from the flat functionality of the plot helper. The mad killer exists within the symbolic order to allow villainy without having to explain or solve it.⁵¹ His (or, rarely,

⁵⁰See also Fleming and Manvell on the reassuring distance provided by the idea of the mad killer (109) and Greg Philo, who writes: "Some of the messages about violence and mental illness exploit deep anxieties about the unknown and unpredictable in what is seen as a very frightening world" (xiv).

⁵¹On the ethical problems with this pattern, see Wahl, who argues that the "simple cause" of madness to account for murderous action prevents us from understanding the multiple, complex factors that *do* contribute to violence. Moreover, systemic changes to reduce violence are unlikely in this mindset: "As long as the locus of violence is seen as an aberration within the individual, it can be taken care of simply by dealing with the individual; the 'disordered' individual can be eliminated or incarcerated" (127).

her) madness expresses evil, sometimes interrogating the challenge of finding a reason for horrors, but more often as a First Cause to bring the plot into being.

One of the most culturally resonant and critically successful such First Causes can be found in *The Silence of the Lambs*. I refer below to Thomas Harris's 1983 novel, but the 1991 film, directed by Jonathan Demme, is also a significant cultural force. *The Silence of the Lambs* contains not only one of the most memorable mad villains, it also offers an archetype of the "psycho killer" as plot helper. These two functions, interestingly, are not the same. Hannibal Lecter, number one in the American Film Institute's list of movie villains, is not the minor character who drives *The Silence of the Lambs*. That role belongs to Jame Gumb, also known as "Buffalo Bill," the serial killer and skinner of women whose pursuit and capture comprise the plot of the story (and the triumph of the heroine, Clarice Starling). Despite his functional importance – there would be no novel without him – Gumb appears in only 9 of the book's 61 chapters. What little motivation he is ascribed is always bracketed and undermined. He is *sort of* killing women in order to make clothes from their skins, but also sort of not. The idea of transsexualism is floated as an explanation for his behavior, but it is also dismissed. As Dr. Lecter tells Clarice, "Billy's not a real transsexual" (Harris 164).⁵² If Lecter's professional opinion comes with its own set of discounting brackets, his memory of Gumb's lover is perhaps more convincing. This lover, a patient-turned-victim of Lecter's, described Gumb by saying: "He's not anything, really, just a sort of total lack that he

⁵²In a book crowded with potentially problematic ideas about mental illness – including that brilliant genius might cohabit with cannibalism – the refusal to associate "real" transsexualism with murderous violence is a nice gesture. Another is when a doctor being interviewed about "Buffalo Bill" declares: "There's nothing we can threaten him with that's more terrible than what he faces every day. What we *can* do is ask him to come to us. We can promise him kind treatment and relief, and we can mean it absolutely and sincerely" (120). The idea of voluntary, humane, ameliorative treatment, offered sincerely, is a genuinely good one.

wants to fill” (172). Narratologically speaking, this motive is as good as any. The plot requires a psycho killer who *does* things, one whose murderous actions create a formal lack to propel the protagonist into story-filling action. Because of Gumb’s actions, Clarice Starling gets to meet Hannibal Lecter; she gets to investigate her first real crime scene; she gets to follow the leads that ultimately result in the discovery of Gumb; and she gets to kill him, in total darkness, by virtue of the skilled instinct that comes from hearing him move his gun. For all these narrative satisfactions, no motive is required. “Total lack” will do.

Others read this differently. Abigail Cheever argues that, in fact, Gumb should not be seen as lacking motive: “Jame Gumb’s motive is to illustrate his authentic nature with his crimes, and he does precisely that. He just does not know what that authentic nature is. He is not a woman. He is a serial killer” (135). Cheever sees Gumb’s authenticity reflecting a particular “model of selfhood” wherein his actions are part of his identity, as ethnicity or sexuality would be. However, what Cheever’s discussion of authenticity overlooks is that Gumb is a plot helper, a minor character whose selfhood *must* be defined by his actions and his illness because there isn’t room in the representational economy to render him otherwise. The fact of his madness is both motivation and characterization. As Wahl explains, the interiority of the “psycho killer” “[doesn’t] need careful explanation – the killer kills, the villain threatens because he is mentally ill, and no other motive is needed” (112). The collapse of individual madness into plot-moving murders is the essence of this kind of narrative helper. What Cheever reads as a postmodern model of authenticity is actually flatness. As a minor character, Gumb is underdeveloped and static. We only observe him abducting one of his victims; his other

eight chapters mostly describe him talking to his poodle and waiting. To fulfill the necessary functions of a plot helper, a mad killer doesn't even need to do anything within the narrative, just to *have done* enough already to put the protagonist on his trail. Nor will the end of that trail offer much to make his character more dynamic. Gumb's final confrontation with Clarice lasts only eight pages, ending with his dying words to the woman who shot him: "How... does... it... feel... to be... so beautiful" (348).⁵³ Compared to the rich array of what Hannibal Lecter thinks, remembers, says, and does, Jame Gumb is basically a nothing of a character – a total narrative lack as well as a psychological one. In fact, this *is* his role; he is a supplement and an enabler, and he furthers the stories of both Clarice and Hannibal.

A discussion of "psycho killers" in *The Silence of the Lambs* will prompt most people to leap directly to Hannibal Lecter (and often prompt them to mention the words "fava beans"). Lecter is so memorable as a character that he all but effaces the actual plot of the book. He appears in 13 chapters, only 4 more than Gumb, but he is firmly pressed on our cultural imagination.⁵⁴ In part this is because he articulates the fear engendered by a motiveless murderer far more eloquently than Gumb ever could:

Nothing happened to me, Officer Starling. *I* happened. You can't reduce me to a set of influences. You've given up good and evil for behaviorism, Officer Starling. You've got everybody in moral dignity pants – nothing is

⁵³If Gumb's death denies any further investigation into his motives, it also refrains from taking the common turn into the "shouting," "wide-eyed and distracted" psychosis that Wahl notes so often governs the formulaic representations of serial killers (19). Wahl's observation is more humorously phrased in David Sedaris's essay "True Detective," in which he refers to the "snapping [of suspects] like toothpicks:" "You want to know who set fire to the retirement home? All right, it was ME, you satisfied now? That's right, ME. I did it. ME" (62). You want to know who put those moths in the mouths of skinned women...?

⁵⁴In the film too, a deeply memorable impact is created in very little time. Anthony Hopkins won Academy Award for Best Actor for a performance that puts him onscreen for 16 minutes. By contrast, Michael Shannon was nominated as Best Supporting Actor for his performance as the "paranoid schizophrenic" John Givings in the 2008 film of *Revolutionary Road*, with similar screen time.

ever anybody's fault. Look at me, Officer Starling. Can you stand to say I'm evil? Am I evil, Officer Starling? (Harris 21).

Hannibal Lecter is memorable and scary because he embraces the collapse of his actions into his authenticity, ready, even eager, to be "evil" rather than be explained. He further impresses himself on a reader's imagination by appearing omnipotent (persuading a fellow inmate to commit suicide by swallowing his own tongue (19)) and omniscient, especially when he can detect in the sweat of another inmate "trans-3-methyl-2 hexenoic acid.... the smell of schizophrenia" (149). (What a handy diagnostic fact.) But Lecter is not a plot helper. Although he offers some information to Clarice Starling, Hannibal Lecter participates only tangentially in the Buffalo Bill plot. Instead, that plot can itself be seen as a prosthetic, enabling the scarier plot belonging to Lecter. Gumb's serial killings fuel the story which ultimately leads to the resolution of his capture, yet they also are the means for a separate narrative irresolution. Because of Gumb's abduction of a senator's daughter, Lecter is able to negotiate being moved to a different, less secure prison, one from which he is then able to escape. As Jack Crawford tells Clarice near the end of the novel, "Lecter's gone platinum – he's at the top of everybody's Most Wanted list" (Harris 356). *This* is why people remember Lecter first: he gets away. Gumb's murders, capture, and death are the narrative means to effect the substitution of an unclosed psycho-killer plot for a closed one, making the novel simultaneously reassuring and frightening – to have its psycho killer plot and eat it too. Naturally it is the more memorable, rich, well-rounded character who is allowed, even required, to live, to "go platinum." Gumb may be a scary scarecrow, but he isn't really the stuff of nightmares. Lecter is in that class by himself. Yet none of it would be possible without the plot help provided by that lesser mad minor character.

Mad Psychological Helpers

The psychological helper, elaborating the interiority of the protagonist, is an especially common role for characters with disabilities. Lennard Davis points out that a normal body is “the default setting” for a main character, and explicates those outside of the default in almost Wolochian terms:

When characters have disabilities, the novel is usually exclusively about those qualities. Yet the disabled character is never of importance to himself or herself. Rather, the character is placed in the narrative “for” the nondisabled characters – to help them develop sympathy, empathy, or as a counterbalance to some issue in the life of a “normal” character.

(Backwards 45)

Davis’s claim about representations of disability is equally true for those of madness. In many fictions, mad characters function as psychological helpers in order to develop the protagonist. This development occurs both in a narratological sense and an ethical one: narratological in the textual opportunity provided for the character to be revealed through his or her interactions, and ethical in the moral opportunity for the main character to manifest his or her virtue.

Given Woloch’s terms of “friend, interlocutor, and confidante,” this helper role is usually filled by someone well-known to the protagonist. In this way they are distinguished from plot helpers, as they are rarely peripheral like Ben or the unknown object of a manhunt like Jame Gumb. The place of these minor characters in the symbolic order shows how they are there “for” the other characters, developing a dynamic central entity while remaining static. Most often, mad psychological helpers develop the protagonist by being burdensome, representing something that most people (sometimes the protagonist included) would prefer not to have to think about or deal with. By virtue of their own distressed psyches, flattened to minorness and reduced to metaphorical

meanings, these characters permit the construction of the appearance of a deep psychological interiority within someone else.

An early twentieth-century example is “Crazy Ivar” from Willa Cather’s *O Pioneers!* (1913). Though he does function in the plot, bringing the terrible news of Emil and Marie’s death, and perhaps thematically as well, Ivar is more commonly used to shore up the compassion and independence of Alexandra Bergson, the heroine. His madness provides an opportunity for her as his employer, friend, and caretaker to show what she is really made of as she deals with the problems and social judgments surrounding his madness. In the first section of the novel, Alexandra visits Ivar in order to ask his advice. What he actually tells her about pigs is less important than the fact that she asks him; we learn her open-mindedness by observing her willingness to learn from someone as generally ridiculed as Ivar (Cather 33). When, in the later sections, Ivar is a hand on Alexandra’s farm, this seems a natural development of her character. As she has gotten older and more powerful, she has protected and sheltered the people she values despite – or perhaps because of – their stigmatized difference. Ivar’s psyche is different so that Alexandra’s can be shown to be “good.”

Alexandra’s compassionate protection is further underlined when Ivar comes to her with a report that people are talking about sending him away due to his “spells.” She dismisses these reports as “nonsense” and says “I am still running my own house, and other people have nothing to do with either you or me. So long as I am suited with you, there is nothing to be said” (92). In this interaction, his character serves to illuminate hers. Ivar’s fears of involuntary commitment are assuaged by Alexandra, such that they

seem to exist *so that* we can watch her assuage them.⁵⁵ The function of his madness is to show the strength of character of a woman who “runs her own house” and makes up her mind according only to what “suits” her. She continues to stand up for him even when her two brothers attempt to convince her that Ivar needs to be removed. Alexandra laughs at their claim that the superintendent of Hastings (the nearby asylum) believes Ivar to be potentially dangerous, saying: “The doctors would have us all crazy if they could,” and, “In my opinion Ivar has just as much right to his own way of dressing and thinking as we have” (100, 102). Ivar’s madness offers Alexandra the narrative opportunity to prove her tolerance and independence of mind.

Despite Alexandra’s firm declaration, Ivar is still concerned, and his concerns reveal both cultural differences between old and new world and the psychological and social differences between Alexandra and her less beneficent peers. Ivar says:

At home, in the old country, there were many like me, who had been touched by God, or who had seen things in the graveyard at night and were different afterward. We thought nothing of it, and let them alone. But here, if a man is different in his feet or in his head, they put him in the asylum. [...] That is the way; they have built the asylum for people who are different, and they will not even let us live in the holes with the badgers. Only your great prosperity has protected me so far. If you had had ill-fortune, they would have taken me to Hastings long ago. (Cather 92-3)

Ivar understands his condition as being “different in his head” or even being blessed, something that was left alone and unpathologized in “the old country.” But here, without Alexandra’s understanding and economic position, he believes that these differences would have landed him in the asylum. Alexandra’s answer to Ivar’s insight – that, in this

⁵⁵In a way, Alexandra seems to inhabit an earlier episteme than the fearful eugenic era during which the novel was published; her response to Ivar seems more like the way Gerald Grob characterizes the response of early Americans, among whom “there was widespread recognition that madness was an inescapable if undesirable part of the human condition, and that insanity did not strip individuals of their status as members of a community” (21).

new country, difference is often construed as disease – is that she is also different, and that maybe, because she has built her own grain silo, “they will be wanting to take me to Hastings” (94). But the silo is also a sign of what keeps Alexandra from danger; she might be different, but she is savvy and successful, such that her harvest requires extra storage space. Ivar’s madness, and his fear of being seen and treated as a burden, reveals Alexandra not only as kind and accepting of difference, but also as financially successful. Without this kind of success, he implies, it would be substantially harder for her to protect him from the institutional fate the society of this new country has in mind. As a psychological helper, Ivar reveals the truth about Alexandra and the rest of society, to which she is such a generous exception.

Not all protagonists attain their psychological depth by bearing burdens lightly and graciously, as Alexandra Bergson does. We can see as much in the frequently recurring figure of the mad family member. A mad child gives a parent instant depth through implied grief, even more than a dead child would, since madness is presented as ultra-tragic in its wearing, battering recurrences. A good example of this kind of tragic emotional baggage can be seen in the relationship of Harry to his son Aaron in Charles Baxter’s *The Feast of Love* (2000). As Harry says: “To have a son or daughter like this is to have a portion of the spirit shrivel and die, never to recover. You witness the lost soul of your child floating out into the ethers of eternity” (83-4). Mad children function as symbols of deep grief, developing the apparent interiority of their parents in direct relation to how those parents bear that grief.

In contrast to the ongoing grief evoked by a mad son or daughter, a mad mother or father gives a child/protagonist something to move away from; thus, they generally

function metaphorically as a secret and motivating pain, a synecdoche for a troubled childhood or any similarly intense emotional backstory. Such a character is especially popular in the horror genre; consider the religious mania of the mother in Stephen King's *Carrie*, a major factor in explicating the psychology of the central (and equally disturbed) character. Less horrific but equally powerful is the mother in John Okada's novel *No-No Boy*, written in 1957 and published in 1976.

In *No-No Boy*, protagonist Ichiro Yamada refused to serve in the U.S. Army during World War II in part because he believed it was what his mother would want. When he comes home at the start of the novel, he finds his mother firmly believing that Japan has not lost the war. Ichiro not only calls her "crazy" for her belief and her actions, he also blames her for influencing him: "I'm as crazy as you are. See in the mirror the madness of the mother which is the madness of the son" (43). His central psychological quality of self-loathing derives clearly from his mother's fixed and false beliefs. When, finally disillusioned, Mrs. Yamada kills herself, her death becomes, in turn, an opportunity for Ichiro to demonstrate his psychological growth as he reflects on his past hatred of her and his present state for forgiveness: "I have had much time to feel sorry for myself. Suddenly I feel sorry for you" (186). We can find additional examples of mad parents in novels such as Myla Goldberg's *Bee Season* (2000) or films such as *Take Shelter* (2011), wherein the mad mothers provide psychological depth through the fearful prospect of what their children may or may not have inherited, as well as the emotional and financial burdens those children must carry. When one psyche is presented as distorted, it gives readers or viewers the opportunity to presume psychological depth in those who must deal with this distortion.

Mad Thematic Helpers

The thematic helper is probably the most common role for the mad minor character. Madness can move plots; it can offer an opportunity to deepen psychological understanding; but the most tempting use for madness in its symbolic model is to elaborate the overall symbolic register of the text. Madness is especially good at enabling thematic help because it immediately connotes questions of knowledge. The same estranged and estranging behaviors that contribute to the stigma of madness in life make it a natural figure in fiction for expressing either something that cannot be known or the connection to some higher knowledge that has no other conduit. As thematic helpers, the range of mad minor characters includes the roles of timely if cryptic adviser, profoundly mysterious but meaningful suicide, and uninhibited prophet.

Thematic helpers have access to something that others do not; they are so in touch with their symbolic order that they can express it to others, or at least try. They understand things, including their own texts, at a higher level than their major, non-mad peers. Their madness comes with a compensation. Yet disability studies warns us that apparent compensations are not to be trusted. Lennard Davis writes that “people with disabilities are often granted moral and spiritual powers that are supposed to offset the oppression of their group. [...] But the point is that the attribution of uplifting virtues is precisely part of the oppression” (*Enforcing* 179).⁵⁶ Thus we see that thematic helpers are not only the most privy to the symbolic model they so decidedly inhabit, but also the most ethically suspect use of that model. The reason for suicide in real life is not some deeply meaningful but un-decodable enigma, but actual pain and human suffering. If

⁵⁶Davis’s examples of the special powers of oppressed groups are the moral superiority of the Deaf, the sagacity of the slave, and the virtuous purity of the oppressed Victorian woman.

madness and creativity are linked (as many have argued⁵⁷), it is not a glorious gift but a struggle that real people attempt to live through. Thematic helpers reveal – with a vengeance – that the metaphorical uses of madness belie real lived experience.

Examples of these mad thematic helpers run rampant across twentieth-century American fiction, and beyond. The earlier quotation from Baxter’s *The Feast of Love* is almost self-referential about this fictional tendency, in which madpeople pop in to tell you how your journey is going to go. Mad advisers show up to warn protagonists, and readers, what to expect in the plot ahead. For instance, in Ken Kesey’s *One Flew Over the Cuckoo’s Nest* (1963), it is the second-tier Harding who warns McMurphy what to expect in the institution and what to fear from Nurse Ratched (64-9), saying quite accurately “you’ve got more to lose than I do, my friend” (194). In Ralph Ellison’s *Invisible Man* (1947), the character usually called “the crazy Vet” appears only twice, and once of those times is at the beginning of the narrator’s journey northward. On his own journey to a new psychiatric hospital, the Vet is able to give the narrator some advice that resonates deeply, magically, with the events and themes of the story to come:

[F]or God’s sake, learn to look beneath the surface. [...] Come out of the fog, young man. And remember you don’t have to be a complete fool in order to succeed. Play the game, but don’t believe in it – that much you owe yourself. Even if it lands you in a strait jacket or a padded cell. Play the game, but play it your own way – part of the time, at least. [...] You’re hidden right out in the open – that is, you would be if you only realized it. (Ellison 154)

Most of *Invisible Man* can be described as the narrator’s gradual acceptance of this advice, learning that he can play the game without believing and that he is indeed “hidden

⁵⁷See S. Gilman on Aristotle and Laing’s versions of this truism (217-20); see also Berman (27). Finally, see Davis’s point that disability is rarely mentioned in artist’s biographies “unless the disability is seen as related to creativity, as in the case of the blind bard Milton or the deaf Beethoven” (*Enforcing* 7), a point that applies equally well to artists’ mental illnesses.

right out in the open,” or as he comes to put it, “invisible.” The importance of “the crazy Vet” to Ellison’s themes is often noted by critics (Eversley 456). The impressive, important words of this thematically empowered adviser are enabled by his mental condition. Ellison makes this evident in the guise of verisimilitude when the attendant accompanying the Vet on his transfer says “I wish you’d hurry up and get depressive, maybe then you won’t talk so damn much” (Ellison 155). Manic madness is responsible for his glut of significant words both within and without the novel’s constructed mimesis.

We never see Ellison’s advising veteran “get depressive,” but when thematic helpers do appear in that state, the knowledge they convey is often the profound unknowability of other people and/or the universe. By *not* “talking so damn much,” they express the depths of what cannot be communicated. We often approach depression with this attitude in life, especially in its most extreme manifestation. Ron Flud, the County Coroner of Las Vegas, suicide capital of the United States, says: “Suicide is the most threatening thing that we can encounter as a culture. It’s a manifestation of doubt, the ultimate unknowable. A suicide by someone we know – or even by someone we don’t know – is an ugly reminder that none of us has the answers” (D’Agata 10).⁵⁸ Though often referred to as a kind of communication, the most frequently received message has to do with this recognition of answerlessness. In short, the point of suicide is that we know we do not understand it.⁵⁹ We see this in the stories of (to name a few) Seymour Glass in J. D. Salinger’s canon, Shadrack in Toni Morrison’s *Sula* (1973), and in Gordy

⁵⁸This interpretation of suicide is, of course, culturally bound; see Castillo on non-western ideas (206).

⁵⁹ One cautionary note from Mitchell and Snyder about such a pattern: it is important not to replace the reductive metaphors that make madness into one static known thing into a new reduction making it into one static *unknown* thing: beware “the reification of disabled people as fathomless mysteries who simultaneously provoke and elude cultural capture” (61). The symbolic model as represented in minor characters *does* tend to reify, and this is one of its set shapes; we should analyze without ethical surrender.

in Charles Baxter's *Saul and Patsy* (2003). But the most thorough meditation on this theme of unknowability is Jeffrey Eugenides's 1993 novel *The Virgin Suicides*.

In *The Virgin Suicides*, the four remaining Lisbon sisters live for a short while after their youngest sister Cecilia's suicide. The novel begins with her first, unsuccessful attempt, and moves quickly to her second. 13 year-old Cecilia leaps from a window and lands on a fence, one spike of which "traveled through her inexplicable heart" (Eugenides 31).⁶⁰ *The Virgin Suicides* uses Cecilia first, then her sisters, to express inexpressible mysteries, the inexplicability of both death and femininity. In their quest to understand what happened, the plural male narrators are stymied again and again by suicide's silence and recalcitrance. Soon after Cecilia's successful attempt, a reporter named Linda Perl is on the scene and "solves the mystery of her death" with claptrap about adolescent anxiety (96). Yet solution is exactly what the novel wants to avoid; Perl's claim to knowledge is deliberately, repeatedly undermined. The metaphor collapses if an answer or explanation is actually found. The sheer number of theories, from home life to chemical links to a national moral decay, works to discredit any single possibility. That Eugenides wants to keep answerlessness in play is evident when a character is introduced only to be deliberately kept from us. The narrators report that there was a psychological counselor in the school who saw the Lisbon girls regularly but vanished after a year: "she is one of the few people we haven't been able to track down, and in a characteristic irony of fate, one of the few people who might have been able to tell us something" (107). This being fiction, of course, there is no actual "tracking down" to do; the irony here is entirely constructed. The counselor is absent from the novel because Eugenides doesn't *want*

⁶⁰A Catholic priest who appears later in the book speaks to the inexplicability of the heart when he tells the plural narrators: "Suicide, as a mortal sin, is a matter of intent. It's very difficult to know what was in those girls' hearts. What they were really trying to do" (37-8), or perhaps, what they are really trying to *say*.

there to be someone who could “tell us something.” Not telling and not knowing are too much at the heart of this novel to allow anyone with more than tangential knowledge of the Lisbon sisters to enter it. *The Virgin Suicides* is about enigma; it repudiates characters like Linda Perl, who “cobbled together reminiscences into an airtight conclusion, far less truthful than our own, which is full of holes” (222).⁶¹ This novel, itself “cobbled together” out of (fictional) reminiscences, suggests that truth is more in gaps than in conclusions. The proliferation of theories for Cecilia’s initial suicide shows that none of the hard-sought explanations can possibly be enough. The harder these narrators try to understand, the less they seem to know. Without the suicide playing her role as thematic helper, these meanings of meaninglessness would have no suitable vehicle.

Sometimes the connection of a mad minor character to his or her symbolic order transcends these lesser relationships to knowledge and moves straight to prophesy, the function of seeing and speaking the Truth. The difference between the prophet and the adviser is largely one of reception: protagonists *could* take the words of mad advisers seriously, but the Truths spoken by mad prophets are more pointedly intended for readers’ contemplation. The function of a prophet is born of an extremely old idea about madness,⁶² migrated from textbooks to storybooks (at least in the contemporary Western world), and related to special abilities and knowledge. Susan Sontag has called madness

⁶¹In stating this preference, Eugenides puts his narrators on a challenging tightrope. As book reviewer Abigail Zuger has noted, it is “an immensely difficult assignment: describing a puzzle without a solution required preternatural narrative control.” We will see the ways writers have tried and/or failed to meet this assignment in other madness narratives later; for now, I point out that Eugenides defends the absence of solution as narratively valid.

⁶²The mad prophet goes back (at least) to Cassandra in Aeschylus’s *Agamemnon*; she perceives the evil of the house of Atreus and the eventual return of Orestes. Cassandra is also an ideal example of import of a minor mad prophet, as her scene takes up less than 300 lines (out of about 1700 in the whole play) and yet provides major impact and important information. See Feder on Cassandra’s significance to the ancient Greek conception of madness (85-8). See also Padel on “True Mad Seeing” in Greek Theatre (78-96).

in the twentieth century a signifier for sensitivity and enlightened consciousness, an affliction manifested as “‘spiritual’ feelings and ‘critical’ discontent” (35-6). Regarding the mad prophet, I would like to adapt Sontag’s terms to insight and critique, the former applied to perceiving truths about other people, the latter, truths about society.⁶³ The mad prophet is able to see and say the things that oppressive society inhibits the rest of us from remarking upon, including that very oppression. With this kind of interpretive weight, mad prophets are probably the most significant of the minor narrative helpers. They are the ones to whom Woloch’s words best apply: “the minor character stands out because the writer has done a lot with a little: illuminated that one scene, those few lines, that one pivotal moment in which the character appears” (37). Located on the periphery of the text, more metaphor than man, the mad prophet illuminates only a few pivotal moments. Because of his insight, we become better readers of the text.⁶⁴ He can actually state the themes and messages of the novel *out loud*, because his madness enables the knowledge and freedom necessary to do so. This is how a thematic helper operates. Mad prophets exist in order to underline a work’s broader significance of theme or character, to provide a mad magnetic north for our interpretive compasses. The novel’s saner characters do not have access to a similar clarity of insight or incisiveness of critique; without the mad prophets playing their pivotal minor role, neither would we.

The function of these prophets, then, is to reveal the truths provided by the divinity implied by every fiction: the author. The truths that would otherwise be

⁶³Mitchell and Snyder describe a similar dual function when they talk about “cripples,” who are both “the sign and symptom of a social disorder write large” and “the bearers of secret revelations about the inner workings of the universe” (65, 185).

⁶⁴See Feder on madness as “an enlargement of perception and understanding for the persona or character and hence for the reader” (99); also see Sass who argues that this enlargement is somewhat based in reality, that those with schizophrenia do sometimes show a “special aptitude for apprehending certain facets of reality that generally go unnoticed, facets that can hardly be dismissed as trivial” (351).

unspeakable, but which nonetheless need, thematically, to be spoken, are the stock in trade of the mad prophet. The truths may not be literal, as we see with the streetcorner madman of John Dos Passos's *Manhattan Transfer* (1925), who discusses angels, judgment day, and the wickedness of New York (321-3). Though thematically valid, this prophet's interpretation is clearly wrong, as Manhattan's persistence is the truth of the novel. Then again, the same figure is used in Alan Moore and Dave Gibbons's *Watchmen* (1986), and the sign-carrying Rorschach turns out to be absolutely right about the nearness of the end. Or take Claire from Edward Albee's *A Delicate Balance* (1966).⁶⁵ Of her insight, Claire's sister Agnes says, only half-mockingly: "Claire could tell us so much.... You were not named for nothing" (110).⁶⁶ What is important about this kind of peripheral character is that their ability to see and say these things allows them to reflect their author's deliberate designs more pointedly than any other character. Claire was named, "not for nothing," by Albee. He is the deity responsible for giving Claire the wit and willingness to "tell us so much," as Moore and Gibbons are responsible for both creating and destroying Rorschach's world. In Richard Yates's novel *Revolutionary Road*, John Givings (another deliberately evocative name⁶⁷) is mad because Yates needs him to be mad, so that someone has an excuse to say the things Yates wants said. John's schizophrenia puts him at the thematic heart of the novel, though he is only a peripheral character. What he is able to offer (the "giving" of his name) is a double revelation of

⁶⁵I admit I am stretching "madness" a bit to include Claire here; she is an alcoholic, which, at the time of the play's publication, was still something that could send one to the institution; thus, I am waiving Claire.

⁶⁶Bigsby criticizes Claire's pure functionality: "Claire, whose name emphasizes the clarity of her insight, seems to be little more than the stereotypical wise drunk.... [Her] wise remarks can have little validity so long as she lacks credibility as a character" (234). This criticism misses the point of the thematic helper.

⁶⁷According to Yates's biographer, the extraliteral name "Givings" was "one of Yates's favorite details;" he would look for the name in phonebooks and never found one: "This delighted him: 'Doesn't it sound like a real name?' he'd say. 'It's doesn't exist! Isn't that fucking fantastic?'" (Bailey 234).

social critique and interpersonal insight, both made possible by his role as a thematic helper in the role of the mad prophet.

In *Revolutionary Road*, Frank and April Wheeler, who have a massive quarrel within the first twenty pages, decide to leave their suburban home on the eponymous Revolutionary Road and move to Paris to live authentically. Though initially the plan elates them both, Frank is relieved when April becomes pregnant. She wants to self-terminate the pregnancy and he fights her. After the most internecine of their battles, in which Frank tells her he wishes she had aborted when she had the chance, April attempts a second-trimester termination, hemorrhages, and dies. In their study on Richard Yates, David Castronovo and Steven Goldleaf explain the Wheelers' disintegration with this phrase: "Their delusions [rebellion, originality, creativity] are quickly exposed" (2). Such a passive construction conceals the agent of that exposure: their neighborhood madman, John Givings. John is their realtor's son, a mathematician who now lives in the State Hospital. John is first introduced to the Wheelers as gossip. When faced with the prospect of actually meeting him, April wonders what he'll be like, saying: "I don't think I've ever met an insane person before, have you? A real certified insane person, I mean" (192). Being "real" and "certified" sets John apart from the Wheelers, no matter how hard his mother tries to smooth the situation. His difference is further formalized when he says he is a "paranoid schizophrenic" (241), thus putting a clinically distinct label on himself and everything he says or does. Yet if John is relentlessly othered by his diagnosis, his arrival in the story is also almost otherworldly. He is rare; he is the unmet; in Sam Mendes 2008 film adaptation, his entrance is set against a blaze of light that emphasizes his presence even as it obscures his face. With an expression that is "the look of a man worn down by

chronic physical pain,” he is singled out as one who has known suffering and bears its scars (194). Such characteristics mark him as an agent of unknown knowledge; his presence drives the exposure of the unspoken.

John Givings is a conduit for both cultural critique and interpersonal insight. As far as critique goes, fictional madness comes with an aptitude for perceiving and speaking the unnoticed which, in its extreme form, is a kind of prophetic revelation of what is wrong with the world. The mad prophet is a metonym for his or her culture, ailing as a representative for all that external sickness.⁶⁸ Moreover, through that sickness, he or she is able to approach the higher truth to which others are blind. Although both Frank and April express a general derision for their 1950s suburban surroundings, it takes a diagnosed madman to diagnose his culture with incisive validity. During their first meeting, John tells the Wheelers he understands the social reality very well:

You want to play house, you got to have a job. You want to play very *nice* house, very *sweet* house, then you got to have a job you don't like. Great. This is the way ninety-eight-point-nine per cent of the people work things out... Anybody comes along and says “Whaddya do it for?” you can be pretty sure he's on a four-hour pass from the State funny-farm. (198)

These are the cultural interpretations the reader is most ready to receive from a mad prophet. John perceives the compromises of their materialistic culture: the nice house comes along with a hateful, alienating job. He also perceives that questioning these compromises puts him, statistically, in the minority, and a mad minority at that. Yet this question (“Whaddya do it for?”) is meant to be taken seriously. Why should the culture be this way, filled with these desires and these imperatives? The “sweet house” of the

⁶⁸The antipsychiatric movement of the late 1960s often validated this fictional function as applicable in real life. In *The Politics of Experience*, R. D. Laing argued that it is mistaken to see madness as an individual problem: “Something is wrong somewhere, but it can no longer be seen exclusively or even primarily ‘in’ the diagnosed patient” (79). Though social context is important in diagnosis and treatment, it is not unfair to suspect Laing is overstating this particular case of life imitating art.

Wheeler is a false ideal, affecting not just these individual lives but the culture as a whole. John, being different and thinking differently, sees the bigger picture. Frank and April can imagine an escape for themselves, but only the certified lunatic implies that the foundations of how ninety-eight-point-nine percent of people think could be changed.

The mad prophet sees the broad systemic causes for unhappiness, and is necessarily mad because he refuses to adapt to such a norm, because he believes in the possibility, perhaps the necessity, of change. John Givings approves of the Wheelers, initially, because they seem to share his perception of reality and have the courage and ability to act on that perception. Their plan to go to Paris is a rejection of the culture whose insanity has infected him. After having met him and secured his approval, the Wheelers note that this paranoid schizophrenic is “the first person who’s really seemed to know what we’re talking about,” and thus, “I guess that means we’re as crazy as he is” (203). The Wheelers define their “craziness” in terms of defying the cultural norm, and John seems to validate that. It is right to be crazy if the cultural norm is stultifying and hopeless; plainly, it is the culture, not those who defy it, that is truly wrong. This is why John is so disappointed when the Wheelers end up “chickening out” (200), like everyone else. They return to the majority of materialism, conformity, and emptiness. They fail to enact the cultural critique that their mad prophet exalts in them.

This failure drives John Givings to get personal. He turns from a congenial prophet, validating those who share his vision, into a scathing one capable of surgically precise eviscerations. He is accorded great insight into their souls and their relationship by virtue of his schizophrenia. Having heard about their change in plans, John “[fixes] on Frank the stare of a prosecuting attorney” (299) and asks him why. Frank, appealing to

convention and the accepted rightness of the “obvious,” names April’s pregnancy and their financial situation. But the prophet of insight is not content with that. As John paces around their living room, he insists on having the “real reason:”

What happened? You get cold feet, or what? You decide you like it here after all? You figure it’s more comfy here in the old Hopeless Emptiness after all, or – Wow, that did it! Look at his face! What’s the matter Wheeler? Am I getting warm? ... Boy! You know something? I wouldn’t be surprised if you knocked her up on purpose, just so you could spend the rest of your life hiding behind that maternity dress. (300-1)

Yates’s dialogue practically stages itself, and Mendes’s film delivers; the prophet watches as his insights prove themselves true before his very eyes. What he sees and says provides the direction at this moment; Frank’s motivations, heretofore partially screened in the self-flattery of free indirect discourse, have been starkly called out when we “look at his face.” The Wheelers are revealed to themselves and to us. In showing us what to see and how to interpret it, John becomes the embodiment of his own exposing insight. Even when Frank tries to discredit the prophet, saying “I just wish he’d keep his God damn opinions in the God damn insane asylum where they belong,” the effect is actually a reemphasis of those opinions (302). Frank’s protests underline John’s interpretive credibility. Because of “God damn insane asylum,” John is able to see differently and reveal otherwise unspeakable truths.

At such moments, John ceases to be a character with much depth beyond this revelatory function. Everything John is, including (especially) mad, better allows him to reflect on the characters at the center, and his reflection, made verbally explicit by virtue of his schizophrenic insight, guides our thematic interpretation. Our assessment of the Wheelers is inextricably tied up with what John Givings says about them. After pronouncing on Frank, he offers April his pity but suggests that perhaps they “deserve

each other,” then exits with perhaps the novel’s cruelest delivery. John laughs, and pointing “a long yellow-stained index finger” toward April’s pregnancy, declares that he’s “glad of one thing... I’m glad I’m not gonna be that kid” (303). His finger points to an evident interpretive truth, and like many prophecies, it is a truth with a double edge. On the one hand it reveals the misery of their marriage and the destructive falsity of their family; on the other, it foreshadows the bloody, fatal miscarriage at the end. His finger, ugly though it may be, points to the truth and to his own ability to point to it. Only the mad prophet can offer such a moment of devastating insight and near-curse. Without his madness, there would be no textual impetus for such intimate interpersonal clarity.

When Frank tries to defuse John’s pointing and telling, he ends up heightening it. After the Givingses depart, Frank says to April, in derisive capital letters: “Everything That Man Said Is True. Right? Isn’t that what you’re going to say?” (304) Commenting on exposure grounds it without undoing it; the prophetic function is not weakened because Frank notices it. John remains That Man even if readers – or characters – are aware of the formulaic manipulation of minor characters. Thematic helpers are flat, distorted, and allegorical, but they do no less narratological work when we notice as much. The transparency of the helpers doesn’t change our awareness of the theme they enable. Frank disclaims John’s words on the grounds that “the man is insane” (304), but he knows as well as we do that this is precisely what makes John’s insight possible and powerful; no amount of derision can wipe him from a reader’s interpretive memory. He is the eruption of Yates’s divine truth into an otherwise realistic setting. John Givings nails the Wheelers; he names their fears, their mutual contempt, their dismal future. *Revolutionary Road* would be a different book without him in it. The text constructs the

peripheral prophet to be tautologically verified by the interpretation that his words help shape: Everything That Man Says Is True, because he says it. Without him and his madness, we would know less about the thematic universe of *Revolutionary Road*.

As a disruptive minor character, John cannot remain within the realm of narrative attention. He must be made to vanish in order to relieve the tension he induces. John's expulsion from the shared reality and attention of the other characters is the context of the conclusion. Mrs. Givings holds her son's prophetic outburst to be partially responsible for April's death; she tells the psychiatrist at the State hospital that "it's quite out of the question for us ever to think in terms of bringing him into contact with outside people again. [...] I know he's ill and he's much to be pitied, but he's also very destructive, Doctor" (351). His illness, which gives him such functional thematic power, also requires his final imprisonment and vanishing to prevent further destruction. Yet despite his removal and incarceration, we might still see beyond the constraints of the periphery and find more than pity or destruction in John. Among the roster of narrative helpers, mad prophets have greatest potential for revelation, not only within the novel but also *about* the novel. They are the best positioned to notice and make us notice the constricted, delimited nature of their functionalized humanity, as Woloch might phrase it. They can reveal the flaws in the symbolic model by which they themselves come into being. Part of John Givings's resonance is in his very minorness, his deprivation of textual rights as a mad character but also of actual rights as a mental patient.⁶⁹ Even as he stands for something, we are aware of the implied humanity exceeding the boundaries of narrative

⁶⁹John brings up such "rights" explicitly, asking the Wheelers at one point to help him get a lawyer: "I want to find out if inmates of mental patients have any legal rights" (241). Though he spends most of the novel constricted in his prophetic role, John also evokes real political and social discussions of his era and ours.

function or metaphor. Though minor here, his constrictions imply the possibility of another story.⁷⁰ We see a glimmer of this possibility when the narrative briefly enters the hospital. As his parents wait on visiting day, we glimpse down the long corridor: “all you could see was a long expanse of waxed linoleum and the corners of several steel hospital beds” (296). The constriction imposed on John, as character and as patient, is literalized in this passage; we know that there is more down this hall than linoleum and the corners of beds, that “all you could see” is not all there is.

This is the ethical dimension implied in flatness. The narrator’s journey is what matters in *Invisible Man*, but the “crazy Vet” is also going somewhere – going, in fact, to a hospital, where “strait jackets and padded cells” are anything *but* metaphorical – and his removal into that hospital makes possible both his appearance and disappearance in the narrative. The adviser’s perspicacity, the suicide’s mystery, the prophet’s criticism and insight: these functions are exaggerated until they dominate the character, but even if this is all we can see, it is not all that there is. If we cannot move the periphery to the center, we can at least notice the distortions involved in being on the periphery and imagine what lies beyond it. For indeed, our real world lies in that beyond, and our expectations of madness – including its disappearance when it is no longer useful, informative, or entertaining – are consciously revealed and unconsciously shaped by the fictions we consume. Mad thematic helpers are worth noticing because they gesture toward the realm beyond their flattening and metaphorization, in a direction of other stories, subjectivities, and lived experiences.

⁷⁰Woloch writes: “behind every hand [i.e., a character’s narrative function] is a heart and a head. Each of these narrative workers also has... an orienting consciousness that, like the protagonist’s own consciousness, could potentially organize an entire fictional universe” (22).

Forward From Here

Having thus introduced mad studies, I still feel compelled to address the question: Why? Why should special critical attention be paid to representations of madness? There are several possible reasons. One is simply that bringing persistent patterns to light helps us better understand the structure and meaning of art; mad studies is one aspect of any aesthetic criticism, noticing not only the content but the forms that structure representation and interpretation.⁷¹ Another reason is that the relationship between literature and culture can be illuminated in these particularly powerful and contentious representations. As Ian Hacking puts it, “clinician and storyteller so obviously reinforce each other” (*Rewriting* 73), and it is worth tracking these cycles of reinforcement to understand how “objective” knowledge is reflected and refracted in artistic creations. Additionally, those creations feed back into the clinical realm as they offer the material to describe (and even, to some extent, to *form*) the experience of distress (Lucas 157). The stories, songs, and television shows that patients have consumed shapes the descriptive and narrative “data” they give their doctors.

That said, it is not only doctors or historians who can benefit from mad studies.⁷² The real-life influence and significance of fictional distress puts mad studies in the corner of activism as well. It is vital to have a framework for analysis to support an informed call to action. Though I don’t suggest a naïve one-to-one correspondence between novels

⁷¹Mitchell and Snyder argue that the structure of stories has a consequence on consumers’ real-life attitudes: “because stories drive toward ‘solving’ disabilities, audiences experience a facile alleviation of any need to ascribe social complexity to the experience of disability” (169). This is what mad studies can help to combat via awareness, analysis, and action. See Wahl on the deep impact of formal elements in “entertainment” learning (107); see also Philo on “how fictional products can be *structured* to generate very powerful responses of hatred or dislike towards central characters who are portrayed as mentally ill” (80-1).

⁷²On the importance of sensitivity to stories and interpretations to clinical encounters (sometimes called “narrative competency”), see V. Lewis (64) and Kleinman’s *The Illness Narratives*.

and life, it is undeniable that representations have consequences.⁷³ How we think, who we are, and how our political and social reality is conceived and organized – these are all shaped by the stories, fictional and non, that we consume (and produce). As Wahl notes, most public knowledge of distress comes not from professional journals or educational campaigns, but rather the close, daily sources of mass media, which, contrary to audience supposition, only occasionally use any kind of expert consultant to ensure accuracy (2-3, 88). Though we are not unsophisticated consumers, the multivalent and untraceable influences of media are bound to have effects. Fear, stigma, and self-loathing are some of the worst-case consequences.⁷⁴ Yet mere misunderstanding justifies mad studies’ activism. The omnipresence of madness will have an effect on things like hiring, sitting on a jury, or comforting friends who are touched by what they consider to be “bad news.” The impact of stories on our mindsets is profound even if we believe we are purely being entertained. What Ato Quayson calls “the epistemological effect of representation” carries over from art into life; Quayson further argues that it would be irresponsible to assume that engaging with the former suffices for acting in the latter: “Our commitment must ultimately be to changing the world and not merely reading and commenting on it” (30). The political arm of criticism is not separate from the aesthetic. Mad studies can start with literature and lead to better comprehension, better art, and better action.

As I myself start with literature, I begin with the place where madness is most visible and most embodied: the stage. In chapter II, I look at issues of visibility and

⁷³These consequences accrue with persistent patterns more than they occur in single standouts; see Wahl: “It is the accumulated effect of consistent, repeated depictions over time that does the damage” (106).

⁷⁴See Wahl on the self-loathing (and thus, secretive and misunderstanding-perpetuating) surrounding psychiatric illness (101); see also Philo on how media stigma might prevent people from seeking help, which “may undermine attempts to reduce suicide rates” (4). Sander Gilman reminds us of the high stakes involved in these issues, noting that “catastrophic potential [increases] in step with technological advances in our ability to harm one another” (12).

language as they are manifested in the theatrical uses of madness across the forms of realistic, expressionistic, and musical theatre. In chapters III and IV, I examine the vogue diagnoses most prominent within male and female madness narratives. Given the frequent emphasis on the legitimating external case of war, male madness narratives have the opportunity to experiment with formal disruptions to convey alternate experience. Women's madness narratives, on the other hand, tend to focus on internality and subjectivity with fewer formal experiments, but greater emphasis on offering an alternative story to that provided by doctors. In the following chapters I will look at questions of speech and silence engendered by the act of writing madness narratives, as it is simultaneously "impossible" to put madness into words and yet clearly irresistible and crucial to try. Finally, I turn to the genre of memoir, a form of madness writing that seems to have eclipsed the others in popularity since the mid-eighties. Memoirs have a different claim to truth than novels or plays, but they too seek formal means to convey the experience of madness. Examining the figurative, metaphorical language used in contemporary madness memoir shows us how intersubjective understanding can only be reached if we reach beyond ordinary language in order to reveal the continuum between "sane" and "mad" experiences within the world. With this last chapter, I hope to show how all three of Couser's models of disability can be present in a single text, working together to build an understanding that transcends the limitations of any single model.

Literature offers us some means to address the daunting question of intersubjective knowledge. Sue Estroff points out that this question often yields an impasse between those who have experienced mental distress and those who study and treat it. For different reasons, both sides think of the other "You don't get it. You can't

get it” (286). Authority comes in different guises, and anything as complex as madness will necessarily require the input of multiple voices, multiple forms of expertise, if anyone is even to *hope* to “get it.” Madness perhaps epitomizes these epistemological challenges, but they swarm around any attempts to render, comprehend, or share consciousness or subjectivity. The twain of my inner world and yours may never meet, but both the academic humanities and meaningful political action are committed to attempting to build those bridges nevertheless. Our understanding may be partial, provisional, situated. It must also respect the gaps between subjects, since, as Ken Jackson writes, an other is not “just like me, an alter ego, but something different that cannot be reduced to simple another version of me. Madness preserves, displays, and prompts an awareness of the irreducible strangeness of *all* others from each other” (255). Literature too can prompt such awareness, both staging the challenges and failures of knowledge and offering a potential model of how language can, in fact, take us out of one self and give us sympathy with the subjectivity of another.

Rosemarie Garland Thomson writes that anomaly (be it physical disability or mental deviance) could be reimagined as an active site for reconstituting cultural discourse; subjects who are different could be perceived “not as discomfiting abnormalities or intolerable ambiguities, but rather as the entitled bearers of a fresh view of reality” (38). This, then, is the last reason *why* mad studies matters, at least to me. Not only is it possible to continue to learn about reality by finding new perspectives, but we are also uniquely capable of learning that we can learn about reality. What is important is not just changing how we think about mental illness (though that is important); we can see ourselves changing and decide how to do it. Reality is a question not of finding the

correct view, but of continuously infusing ourselves with fresh views. As Mikkel Borch-Jacobsen puts it: “Reality is not all on one side, fiction on the other. There is – always different and changing – a reality constructed by two, by several, by many” (107).

Realizing this fact allows us, I think, to make both our reality and our fictions better. It is probably not possible to rid madness of its usefulness for jumpstarting certain kinds of stories, or short-handing certain meanings. Sontag argues that understanding and cure can help divest disease of unwarranted metaphorical meanings (5); this may be true, but cure is a distant goal, and even understanding of mental distress remains contested at this point in psychiatric history. What matters more than stopping vogue diagnoses from serving as prosthetics for narrative and metaphor is recognizing that these prostheses are not alien to any of us. There is a reality to mental illness, but it is not a reality that is outside ordinary understanding.⁷⁵ Estrangement is a mistake; we lose out on a better reality when we fail to acknowledge the continuity of human agency and experience. That failure, I argue, is a choice; and it is a choice we can change.

There are real stakes in these choices, in the questions from Lisa Kron with which I began. Why do some people get sick? Why do these illnesses exist? What can we do and what should we tell ourselves? In our current episteme, we live in hope that neurobiology, DNA, new technology will eventually have answers for us, but it is impossible to say that for sure. The brain, like the world, is defined by complex, unpredictable and possibly unmappable interactions between factors. Whatever we choose to believe about our minds and our reality will have consequences that far resonate beyond the realm of fiction. But fiction is a good place to start.

⁷⁵See Barham and Hayward, who write: “it is incumbent on us to try to understand people with mental illness not simply in what we shall term the vocabulary of difference but more especially also in the category of membership, as ‘one of us’” (1).

CHAPTER II

MAD SCENES: SYMPATHY AND THE SOCIAL MODEL ONSTAGE

Introduction: “Just One Step Away”

“People are not comfortable with difference. You know? Fags, retards, cripples. Fat people. Old folks, even. They scare us or something. [...] The thing they represent that’s so scary is what we could be, how vulnerable we all are. I mean, any of us. Some wrong gene splice, a bad backflip off the trampoline... too many cartons of Oreos! We’re all just one step away from being what frightens us. What we despise. So... we despise it when we see it in anybody else.” (Neil Labute, Fat Pig)

“Mad scene” is such an evocative phrase. To some, it may be alluring. As a staple of drama, the mad scene gives an actor meat to chew on (if not scenery). After all, no one really wants to play Ophelia for the “nunnery” stuff, or Lear to explore the complexities of the father/daughter relationship. Moreover, mad scenes may be professionally rewarding. In *Disability and Contemporary Performance*, Petra Kuppers comments on the way that playing mad or ill or disabled “has currency, tradition, and weight in the social sphere of popular culture” and often results in both acclaim and award for the actors who undertake the project (12). Kuppers compares this ability to prove mastery of craft by “acting disabled” to the tradition of white performers in blackface, both of which deny work to performers who don’t need to “act” their ability or race (54). Only those with considerable status already have the power to choose when to play a role that involves lowering that status; the people for whom there is no such choice can scabble for whatever work is left over. Even if madness is an “invisible” disability – we wouldn’t know if actors were “authentic” or not – being able to play it on command, to make an audience see it where it does not (or might not) exist, still results in gaining reputation by voluntarily donning a stigmatized identity that the truly authentic have no power to doff.

For audiences, the mad scene is enthralling. Carol Rosen notes the contrast between real-life stigma and theatrical appeal: “in a darkened theater,⁷⁶ we do not avert out eyes from madness. [...] We, too, want to witness from a safe distance the mysteries of a world apart. We do not want to enter the madhouse; we merely want to see it” (95).⁷⁷ And we want to see want to see it *a lot*, judging by modern media. “Opportunities to see theatre concerned with mental illness are not rare,” understates Kirsty Johnston (756).⁷⁸ Plenitude has both advantages and drawbacks. It is fair to protest this disproportion on grounds of misrepresentation or reification of certain limited disability identities, or to draw attention to the fact that the players chosen to embody these identities do not really live with them (V. Lewis 93-4, Wahl 11, Kuppers 9). Yet the primary advantage to this plenitude arises from the fact that the “mad scene” is less contained than its name

suggests. The impact of madness onstage is to put the audience “just one step away” from difference and vulnerability in a way that is not possible in any other medium. Because of theatre’s liveness, its reality of bodies and its shared unrepeatability of experience, it has

⁷⁶For clarity: when I refer to the site of performance, I use the -er spelling of theater; when I mean the practice of creating and performing plays, I use the -re spelling. Any inconsistencies reflect the choices (or nationalities) of the scholars I quote.

⁷⁷By contrast, Judith Schlesinger suggests that we *do* so enter, that the contract between actor and audience is what she calls a *folie partagée*, a shared madness: “come, I will show you another world; yes, we will follow and believe” (125). She also notes that this contract is like madness in that there are moments when we return from that other world able to reflect on it, perhaps even learn from it (126). See also Edward Bond’s idea that people go to the theatre to pretend to be mad in order to *find* sanity, and that drama is a social necessity for this reason (95).

⁷⁸Johnston’s article actually explores a company (Toronto’s Workman Arts company) whose mission statement is to make those opportunities more inclusive and less misrepresentative, combining lived experience with artistic control. In this chapter, I do not focus on theatre work created with these deliberate aims; rather, I explore how mainstream theatre *is already* a more open form for representing madness in a way that constructs sympathy as well as diagnosis. For more on the deliberately activist performance work, see Kupper’s last chapter, “Toward the Unknown Body: Stillness, Silence, and Space in Mental Health Settings,” in which she describes her work with mental health system users and their joint creation of a video installation entitled *Traces*; see also Fox and Lipkin’s article about the DisAbility Project which searches for a disability aesthetic that can transcend the persistent limitations of disability-as-metaphor-for-oppression (82). Finally, see Victoria Ann Lewis’s “The Dramaturgy of Disability” for an overview of the powerful work that has been done by disabled theatre artists.

the potential to blur the boundaries between story and spectator, between other and self. Following Foucault, Koppers writes: “The history of the representation of disability and illness can be seen to be structured by attempts to contain the Other, to isolate it, present it as outside ‘normal’ society and bodies, and thus to exorcise its threatening, disruptive potential” (4). In this chapter, I will argue that this is not entirely the case in drama, that mad scenes are not exorcisms but sympathetic closings of distance that bring with them invitations to challenge our cultural ideas about “what frightens us, what we despise.”

To explicate theatre’s value to mad studies, I turn to Jason Tougaw’s concepts of diagnosis and sympathy. In *Strange Cases*, Tougaw names these as “complementary rhetorics that allow for the co-existence of emotional and intellectual responses that might otherwise seem at odds” (3). Diagnosis is based on distance and the promise of objectivity, rather as Bertolt Brecht desired for his epic theatre.⁷⁹ Sympathy, on the other hand, is based on closeness, similarity, and a willingness to enter the subjective experience of others.⁸⁰ Tougaw uses these terms in a study of nineteenth-century British novels and case histories, but they are useful for any representation of illness or distress, toward which we feel both superstitious aversion and identification. Readers or viewers experience these responses whenever madness appears. We want to know, objectively, what has happened to that character (perhaps to prevent it from ever happening to us), but we also want to know what it is *like*. We are always both looking *at* and looking *through* the characters onstage, both observing the other and, imaginatively, becoming it.

⁷⁹For more on how Brecht’s call for a theatre which would not rely on “empathy and identification” is partially undermined by his fuzzy definition of “empathy,” see Woodruff (168).

⁸⁰In *Theatre, Communication, Critical Realism*, Tobin Nellhaus refers to Lakoff and Johnson’s twin responses of advisory projection (“If I were you, I’d do X”) and empathic projection (“I can imagine how you feel”), terms which similarly capture the dialectical relationship between self and other prompted by drama (136). See also Padel on the observation and imagination involved in the fabrication of theatrical madness by artists who speak from or for a cultural understanding of “sanity” (47).

The diagnostic impulse speaks to a medical model of madness, wherein aberration can be explained and contained. The symbolic model too will contain mad characters, by reducing them to static metaphoric meanings. Mad stage characters, on the other hand, tend to reside within the social/cultural/political model.⁸¹ In part this is a factor of genre. Even when a play has a protagonist, he or she can never dominate attention as fully as in a novel. The actual presence of bodies onstage, even silent or otherwise neglected ones, forestalls the flatness of the symbolic model. An audience can choose where to look, and no single actor can erase or eclipse the reality of the others. Theatre relies on a different mode of reception than a novel, and even the most expressionistic techniques (with perhaps the exception of a monologue play) cannot detach the experience of one character from the onstage “society” within which he or she exists. In its very form, theatre rejects the erasures and limitations of a purely diagnostic response or symbolic model. We are allowed, even required, to watch people in theatre, and to think about what they are or what they “mean”; but we are also enjoined to imagine what they could be, and to perceive how the whole cast, onstage and off, works together to create these what we are watching.⁸² Theatre’s social structure echoes the social/cultural/political model of disability; further, it creates the possibility of sympathetic response to figures fairly far advanced along the continuum of distress. Theatre combines the social and the sympathetic into “intrinsic political possibilities,” as Tobin Nellhaus puts it (187). We interact with plays socially, in a shared if transient group experience, rather than privately

⁸¹Here I differ from Victoria Lewis, who maintains that moral and medical models dominate theatrical depiction (94). To be fair, Lewis is (a) talking primarily about depictions of physical disabilities, which are less common onstage and thus perhaps rely more on “types,” and (b) talking about how characters react *to each other*, which is not necessarily – in fact, is rarely – the same as how the audience thinks about them.

⁸²On the ability of theatre to “double society’s ontological structure” as well as produce “intended and unintended cognitive, emotional, and sensuous effects within the audience,” see Nellhaus (162).

as with fiction (or semi-privately, as with film); thus, theatre has a greater opportunity to alter how we think about ourselves as social beings, and the sometimes comic, sometimes tragic, usually arbitrary binaries we draw between self and other, sanity and madness.

Given how madness reveals and revels in theatre's emphases on sympathy and the social, it is odd that this area of study has been rather undertheorized. Most of the work on disability and drama or performance pertains to physical difference.⁸³ I have already referred to Petra Kupperts; also useful is Peggy Phelan's book *Unmarked: The Politics of Performance*. Phelan asserts that live performance defies our usual representational economy because it centrally involves both presence and absence at the same time. As she writes:

Performance clogs the smooth machinery of reproductive representation necessary to the circulation of capital. [...] Without a copy, live performance plunges into visibility – in a maniacally charged present – and disappears into memory, into the realm of invisibility and the unconscious where it eludes regulation and control. (148)

This non-reproductive idea of performance is central to how theatre's formal qualities offer a new way to perceive madness within a social model. Live pretense creates a radically sympathetic space. What the audience shares might not be lasting, but it is also inherently un-co-optable, therefore providing an arena to experience and consider different minds without the need to objectify, diagnose or otherwise contain them.

Perhaps one reason madness has not yet been fully incorporated into the study of disability and performance is because it *is* so “unmarked;” madness is one of the invisible

⁸³ For example: the volume *Peering Behind the Curtain: Disability, Illness, and the Extraordinary Body in Contemporary Theater* (Eds. Thomas Fahy and Kimball King. New York: Routledge, 2002) contains only one essay about “psychiatric” disability.

disabilities, itself a blend of presence and absence.⁸⁴ Something is *there*, but it can neither be pointed to nor tested for. This is why many hold that madness is more a social label than a biological reality. As Jacqueline O'Connor writes, referring to the work of Tennessee Williams: "Literary madness shares with literal madness one terrifying similarity: it is often defined by comparing the behavior of one suspected with madness with those around them" (vii). Comparative diagnosis compensates for invisibility with social means. Theatre doubles this process: not only does the audience watch and compare those "suspected of madness" with other characters, but they also watch the characters watch and compare each other. Even when we are engaged in "diagnostic" acts of definition, we are also aware of how those acts are playing out within the world to which we are witnesses, which raises sympathy for the character who is being so watched. The final scene of Williams's *A Streetcar Named Desire* is an ideal example. We can see that Blanche DuBois is delusional, treating an asylum doctor like a gentleman caller, but we can also see how terribly Stanley, Mitch, and even Stella have treated her, strengthening their society by driving her from it. Blanche may sing and flutter and wear costumes, but these behaviors only diagnose her when for us when we see them diagnose her for others. Madness is invisible, but the social process of defining it is not.

⁸⁴This might be clearest in performances that deliberately court questions of actor/character authenticity, to which audiences might respond by watching for signs of the absent/present "real" under the present/present "act." Koppers faces precisely this situation in the creation of *Traces*, as she tries to find space for an authentic "other" that doesn't get fixed into otherness: "it is too easy to allow the spectator to see the performers as 'mad' and to see traces of that 'madness' evidenced on their bodies. The diagnostic gaze reduces the presence of bodies to texts that need to be read and categorized" (130). But there is no element of "pretend" in *Traces*, so though it may be performance it is not exactly theatre (indeed, it is a video installation). A more theatrical example is the 1964 play known as *Marat/Sade*. This is a play about the inmates of an asylum putting on a play, meaning that many of the actors are playing characters that are being played by the insane, which can sometimes lead to a perceived collapse between the "authentic" and the first level of play, as when J. L. Styan says that "everyone on the stage was either a lunatic or an actor playing a part, the two frequently being the same" (115). These identities – lunatic and actor – are not actually "the same;" rather, each actor is *both*, but in different relationships to the present of the stage and the present inhabited by the audience.

The invisibility of madness combined with the medium of theatre often results in the visibility of something else. If the primary formal problem madness presents in novels is finding the words to *say* it, the problem facing theatre is how to *show* it. When Blanche is distressed and in imminent danger of rape, her terror is given sensory expression for the audience to share, with “*lurid reflections*” on the wall and shadows “*of a grotesque and menacing form*” (128). Seeing what Blanche sees, the audience is in a position to diagnose her (“looks like she’s really losing it now”), but also to sympathize with her, because *we see it too*. Williams uses theatrical techniques to make madness visible to us through Blanche, aligning us sympathetically with her experience.⁸⁵ Such in/visibility play is present in each of the plays I analyze in the following sections. Still, it may behoove us to have an additional example before going forward.

In Tracy Lett’s realistic thriller *Bug* (premiering in the U.K. in 1996, 2005 in the U.S.), the depiction of madness rests on a question of visibility. Agnes, a lonely woman alone in a motel, begins an affair with Peter, who soon informs her that they have bugs in their room. The play offers no visual evidence of bugs (and how could it, really, given the distance between stage and spectator, not to mention the animal-wrangling challenges), but we hear and see other things. As Peter gradually brings Agnes into his world of military conspiracies and paranoia, the air conditioner comes on and off at unsettling times, and the buzzing of a helicopter moves from being urban white noise to suggesting, below the verbal or possibly even conscious level, that there may be some validity to Peter’s paranoid claims. That Peter fervently believes what he says is obvious when we see him do physical damage to himself and to others (he beats himself with a coathanger,

⁸⁵This is not to say that everyone *will* sympathize with Blanche; for a fascinating discussion of the initial critical response to *A Streetcar Named Desire* generally favoring or excusing Stanley and blaming Blanche in the context of lingering rhetoric about wartime masculinity, see McConachie (93-8).

pulls out his own tooth, and stabs his former psychiatrist) to protect himself and Agnes from the bugs. At the play's end, Agnes accepts Peter's version of reality because it gives meaning to her own invisible wound: the disappearance of her child. Initially, Peter talks her through a scenario in which her ex-husband took their son Lloyd, and then Agnes couldn't get help because the police and FBI were all in on it (*Bug* 50). Soon Agnes is narrating on her own, conjecturing that Peter was given a surveillance bug drone, she was given a queen, and Lloyd was used in a laboratory to match their DNA:

[...] they planned it from the beginning, to take a kid, and cut him up, slice him up, on a table, and make the, the, build the, the queen to match up with the mother, they made the queen for me, for me, designed it for me, they gave me the mother, they gave me the queen, the juice, the bug, the mother, the bug, the super-mother, the super-other bug, inside me. I'm the supermother. I'm the super-mother. I'm the supermother. (51-2).⁸⁶

This monologue brings together Peter's narrative of massive conspiracy and Agnes's of personal misery. The story she comes up with, heart-breakingly, makes sense of her greatest loss, and as she repeats the word "supermother" we can see why she would choose this vision, why she would have chosen to see Peter's allegedly microscopic bugs. We may not share her belief – this invisible conspiracy may not play for most theatre audiences – but we can certainly see what would drive her to see it. Their now-shared madness is made visible one final time, as the play ends with Peter lighting a match with which they intend to save the human race from the military-industrial surveillance experiment the bugs will initiate by immolating themselves and their room.

Bug is about seeing things that aren't "there" on several levels. Without seeing Peter react, Agnes wouldn't see the bugs. Without seeing Agnes respond to Peter, we wouldn't see their conspiracy narrative unfold. Without the bugs or the conspiracy, we

⁸⁶*New York Times* theatre critic Ben Brantley describes this as Agnes "explod[ing] into a triumphant disquisition of perfectly coherent insanity" ("Down and Out").

wouldn't see madness. Both madness and theatre are social phenomena constituted by the complex relationship of presence and absence. Theatre exists somewhere in the gap between these two terms. There is *this* performance, concretely happening in a way few other media experiences do, surrounded by a Benjaminian aura, as David Savran refers to "the uniqueness, intense live presence, and charismatic power of actors and of the stage itself" (*Highbrow* 57). But in contrast to this "maniacally charged present," there is the *ideal* performance, gestured at by the script, suggested by the design, attempted imperfectly nightly (or in periodic revivals) by an inconsistent cast, never actually attainable. As a collaborative, communal, and live art form, theatre balances every night between possibility and execution. Stephen Sondheim, a major player in twentieth-century American theatre, has described "what's unique about it" this way:

The theater is the only dramatic medium that acknowledges the presence of an audience. Movies do not. If you boo at a movie screen, they go right on acting. If you laugh, they won't stop for you. You have no effect on them and you know it from the minute you sit down. In the theater you're aware that the community experience exists between the stage and you. (qtd. in Zadan 368)⁸⁷

Liveness means that both of the participants in performance can affect each other and are aware of that fact. The acknowledgement of mutual presence, demanded by the form itself, is vital to fostering the possibility of sympathy.

Unfortunately, this essential element is the hardest for analysis to grasp. Live performances are governed by time (Kuppers 8) and have only "partial duplicability" due to their lack of a "notational language" analogous to that of a music score (DeMarinis 52,

⁸⁷Similarly, Edward Albee draws a distinction between "escapist" film and "engaging" theatre: "all film is fantasy experience and safe, because we know it has not happened, while a play is happening as we experience it. Our suspension of disbelief is complete and it is a real experience. Something can happen. [...] And a film has already happened" (qtd. in *Playwright* 22). On the energizing tension brought by the interaction between performers and audiences, see also Woodruff (43).

29). The written residue of a script is not the same thing as an enacted play.⁸⁸ This failure weakens a written analysis of drama, but it also offers an interesting theoretical freedom. Despite the first page cast list in most scripts, despite original cast albums for most musicals, there is no definitive version of a play. This is why I will not refer to particular actors or specific performance occurrences here. I will respect the confluence of presence and absence that unbinds theatre from the wholly textual realm of most literary study. That confluence stimulates the imagination and allows us not only to conjecture but to enter new worlds, whether we are directors, considering staging a script, or spectators, wondering how the performance we are watching could reshape our society or politics.

My goal in this chapter does not have immediate activist or policy implications. I do not write this to advocate for a greater inclusion of the mentally ill in the theatre community, or to call for more or better representations of mental illness on the American stage,⁸⁹ or suggest drama as a validating and agency-renewing therapeutic tool.⁹⁰ Rather, I offer three case studies of how the in/visibility of madness interacts with the social space of theatre to allow the audience entrée into madness in a uniquely sympathetic manner. Drama is arguably the most collaborative art form; as Paul Woodruff points out, it uses all the others, from writing to lighting to digital effects (38). It also crucially involves collaboration with the audience. The audience must meet the

⁸⁸As Woodruff vividly puts it: “a bright-colored corpse pinned inside a glass case is not a butterfly, and a script is not a theatrical event” (36).

⁸⁹As Phelan points out, this strategy is, if not naïve, then at least somewhat limited when we consider the depth of the exchange involved in performance: “Arguing for ever more specific identity-quotients within *the content* of the image of the other will not upset representational economies. This new relation between the looker and the image of the other requires more attention to communicating nonvisible, rhetorically unmarked aspects of identity, and a greater willingness to accept the impotency of the inward gaze” (26).

⁹⁰See Koppers on *Traces*; see also the work of writers who study “applied drama” as a means to engage multiple perspectives on political and social problems and to infuse citizens with the capacity to identify with others and to create their own personal and political agency.

play (or players) along a spectrum of involvement. My case studies proceed from the kinds of plays that least acknowledge the presence of the audience to the ones that most fully involve it: I begin with realistic theatre, move on to expressionistic, and end with that much-denigrated genre, the musical. In the realistic play *Harvey* (1941), the issue of the main character's madness turns on whether or not an invisible being can be accepted (by other characters and the audience) as anything other than a symptom. In the expressionistic play *Funnyhouse of a Negro* (1964), madness requires (or enables) finding a new strategy for communicating the (imaginary) consciousnesses onstage to the actual conscious beings in the audience. Finally, in the musical *next to normal* (2010), the different temporalities invoked by speech and song offer an oblique way to evoke the experience of mental difference. Interestingly, it appears that moving from unseen things to new words to different temporal experiences, the less realistic the form of theatre, the deeper it digs in its attempt to communicate the subjective experience of madness.⁹¹ No matter how realistic or abstract, theatre prompts complex interactions; in the "interplay between living bodies, modes of representation, desirous spectators, and a field of energy that hums with the charge of bodies caught in frames," Koppers writes, "binaries are forced open" (30). For the duration of a play, we see difference with new possibilities. Looking at these plays offers us an opportunity to see how this absence-filled medium actually narrows the gap between the seemingly binary experiences of perceiving and experiencing madness, emphasizes the continuum of mental distress, and reminds us that we are all indeed "just one step away."

⁹¹On the idea that less traditional theater is more conducive to a resistant "disability aesthetic," see Fox and Lipkin, who envision a "disability aesthetic that resists social constructions of physical evolution, progress, and normalcy by resisting Western theatrical convention" and praise the theatre pieces that "invite the nondisabled members of the audience to consider new ways to perceive space, time, and the body, while not denying the materiality of those same bodily experiences as lived by disabled people" (86-7).

But First: A Brief Tour of Theatrical Functions of Madness

Although madness in theatre is linked with sympathy and the social, it is still a functional artistic choice that works in certain enabling ways. Before I turn to my case studies, I offer this high-speed tour of the range of options that emerges when a dramatist engages with madness. This is not a comprehensive tour; staying within the bounds of this project, I do not address the appearance of on-stage madness before the twentieth century, through theatre history of certainly full of examples.⁹² In twentieth- and twenty-first-century American drama, madness has functioned in the following ways:

- as a **melodramatic secret**, even if, as in Eugene O'Neill's *Strange Interlude* (1928), the psychological/theatrical experiment in form robs that secret of its power over the plot.⁹³ This function peaks during the eugenic episteme.
- as the **consequence of a secret**. In the psychodynamic episteme, madness is caused by repressed knowledge. An example is Tennessee Williams's *Suddenly Last Summer* (1958), which externalizes the repression of Catharine's secret into the figure of Violet Venable who has her niece institutionalized and wants to have her lobotomized so that what Catharine witnessed can never be told.⁹⁴

⁹²See the early chapters by Thiher and Feder; on Greek madness, see also Ruth Padel's *Whom Gods Destroy: Elements of Greek and Tragic Madness*; on Renaissance madness, see Duncan Salkeld's *Madness and Drama in the Age of Shakespeare* (Manchester: Manchester UP, 1993).

⁹³For more on *Strange Interlude*'s "mockery" of "traditional dramatic suspense" in its eugenic paternity plot, see Wolff's *Mendel's Theatre* (166). For more on O'Neill's experimental strategies, especially in stage directions, see Törnqvist (26-35) and Savran, who sees them as a manifestation of O'Neill's mistrust of theatre's liveness (*Highbrow* 244). Also see Savran on how O'Neill's successful career – *Strange Interlude* won a Pulitzer Prize and was O'Neill's most lucrative work during his lifetime – was largely built on offering a theatrical form for avant-garde ideas such as psychoanalysis (*Highbrow* 143).

⁹⁴Commonly, critics will read Williams's frequent use of madness biographically, given the diagnosis and treatment of his sister Rose. See Leverin, Paller, and O'Connor for examples of this interpretive tendency.

- as a symbol of **the power of paranoia and the dangers of conformity**, as the courtroom group hysteria works in Arthur Miller’s *The Crucible* (1953).
- as the **consequences of addiction**. Whether or not addiction is a mental illness, it has been treated so both historically and dramatically. Audiences bate their breath when an addiction is introduced, expecting it, like Chekhov’s gun, to “go off in the last act.” We see this with alcoholism in William Inge’s *Come Back Little Sheba* (1950), and more famously with morphine addiction in O’Neill’s *Long Day’s Journey Into Night* (1955). Jamie even announces, when Mary Tyrone descends in her wedding dress (like so many madwomen, the upstairs is her domain): “The Mad Scene. Enter Ophelia!” (174).
- as the **anticipation of an eruption or breakdown** (unconnected to addiction). Narrative tension rises in plays like Dorothy Parker and Ross Evans’s *The Coast of Illyria* (1948) or David Auburn’s *Proof* (2001) when we look for the “signs” of an eventual collapse that other characters fear. Whether or not that collapse arrives (in *Illyria* it does; in *Proof* it does not), the audience has been involved and tense throughout the unfolding of the play.
- as a means to convey the **interconnectedness of all lives**, as in Jane Wagner’s *The Search for Signs of Intelligent Life in the Universe* (1985). In this solo show, the “bag lady” Trudy is able to act as a conduit for her fellow human beings. This ability marks her as both crazy and enlightened; it also enables a star turn from the actress who can incarnate Trudy’s “transmissions.”⁹⁵ It remains to be seen if anyone besides Lily Tomlin can rise to the challenge.

⁹⁵On the problematic use of madness as metaphor – even as positive metaphor – in Wagner’s play erasing “the particularities of lived disability experience,” see Sandahl (15).

- as a vehicle for **the disconnect between how we perceive ourselves and how others perceive us**. Christopher Durang’s *Laughing Wild* (1987) milks this disconnect for comedy, as the Woman explains the state of mind preceding actions such as yelling over a can of tuna fish, heckling at AA meetings, or telling a cab driver “your mother sucks socks in hell” (382), also asking, “Do you get how I feel?” and “Do you identify in some way?” (387)
- as a **default explanation for the possibility of prophesy**, as in Tony Kushner’s *Angels in America* (1995). In the second part of this play, Prior discusses his experience in either/or terms with his friend Belize, who says that the idea of an angel is crazy:

PRIOR: Then I’m crazy.
 BELIZE: No, you’re...
 PRIOR: Then it was angel.
 BELIZE: It was *not* an...
 PRIOR: Then I’m crazy. (199)

Prior’s binary thinking is not what the play ultimately conveys, but it is part of how this prophetic function works.

- as the **prophesy born of madness-inducing racial or social oppression**, as we see in August Wilson’s *Seven Guitars* (1996).⁹⁶ In this play, Hedley is the mad prophet, who says such things as “Everybody say Hedley crazy cause he black. Because he know the place of the black man is not at the foot of the white man’s boot. Maybe it is not all right in my head sometimes. Because I don’t like the world” (67). The connection between world and head is crucial.

⁹⁶See Fox and Lipkin on how many plays use (physical) disability to “embody the experience of racial and economic oppression (79); August Wilson is one of their examples. For a thorough exploration of this use of madness in August Wilson’s works, see Harry J. Elam’s “Fools and Babes” (57-87).

- as a **response to political or personal trauma** that others call madness but is actually quite sane. This is most often associated with female characters. We see this in the homi/suicidal state of Babe in Beth Henley’s *Crimes of the Heart* (1980), induced by her abusive marriage and tragic childhood; also in the disturbingly well-reasoned suicide of Jessie in Marsha Norman’s *’night, Mother* (1983).⁹⁷ In these plays, the audience can see both how these women might be judged insane while also seeing the circumstantial justification for their behavior. An example from musical theatre is the Beggar Woman in Stephen Sondheim and Hugh Wheeler’s *Sweeney Todd* (1979), whose relationship to personal trauma ends up being one of the play’s big “reveals.”
- as the **looming shadow of worsening social or economic or personal conditions**, as in Arthur Miller’s *Death of a Salesman* (1949) or *A Streetcar Named Desire*.⁹⁸ Both Willy Loman and Blanche DuBois suffer at the hands of those around them, driven increasingly desperate by their search for a way to survive in an increasingly inhospitable world. As her previous appearances in this project indicate, Blanche in particular has become a touchstone for dramatic madness; her parting words, juxtaposing “the kindness of strangers”

⁹⁷With its suggestion of suicide as a logical response to personal strife, *’night, Mother* raises issues for feminist criticism. For a good example of the range of perspectives on this play, contrast Burkman’s essay with Reuning’s. Burkman valorizes Jessie’s choice as redemptive escape, as do many feminist critics, comparing her to Hedda Gabler, while Reuning insists that we see Jessie not as hyper-sane heroine but as victim of a very real mental illness whose death is a tragedy, not a triumph or a metaphor.

⁹⁸These two mid-century giants are often put in conversation; see Sievers (370-99) and Krasner, who includes them both in a section examining characters “experiencing financial, and *therefore emotional*, crises” (28, my emphasis). Willy Loman is sometimes considered self- or culture-deluded more than “mad,” but critics often use language of mental disintegration and collapse to describe his experience; see Krasner (49), Sievers (391-5), Most (550) and Hawthorn (108-15).

with the image of a woman without any asylum in the world being led away to an actual asylum, have entered the canon of quotable quotes.⁹⁹

- as the **impetus to climactic violence that snaps the plot to a close**. Many plays use madness this way, because it *is* so theatrical. Susan Glaspell's *The Verge* (1922) ends with a murder in a greenhouse over love's challenge to autonomy; Edward Albee's *Zoo Story* (1959) with a murder on a park bench over the rights to possess what that bench represents; Sam Shepard's *True West* (1980) with a murderous standoff as the culmination of fraternal rivalry; and Suzan-Lori Parks's *Topdog/Underdog* with a murder as a response to the fraternal challenge to masculinity, race, and card-tossing skills. These plays end with a violent act that forces the audience to recognize that our "normal" behavior and selves are not the full extent of our capacities, that there is hate and violence and unfamiliar darkness latent in us as in Albee's Peter, Shepard's Austin, or Parks's Booth. While not always explicitly expressing madness, such plays represent a continuum of human thought and action and insist that we acknowledge even the extremes as living possibilities.

Some of these functions resemble the plot, psychological, or thematic helper roles outlined in Chapter I; others are unique to the stage. Most of them expose the audience to mental difference in order to raise questions about why we perceive it *as* different and whether it is possible to attain an understanding of that person's place and experience.

⁹⁹This famous line is sharply deflated in *Angels in America*, when Prior declaims his "dependence" to Hannah, who responds: "Well that's a stupid thing to do" (289). But Blanche was notorious before *Angels*; Edward Albee's *Zoo Story* (1959) alludes to her when one character describes an increasingly bizarre encounter by saying "You mean, I'm not the gentleman you were expecting" (38). For more on Blanche, see O'Connor, who makes a convincing case that her madness is not only due to the traumas of losing her husband, her family, and her home, but also to the fact that as a single woman who has been banned from her job, she has no economic or social power that would free her from this dependence on strangers (35).

Realistic Theatre: Seeing the Unseeable in Mary Chase's *Harvey*

"Doctor – the function of a psychiatrist is to tell the difference between those who are reasonable and those who merely talk and act reasonably."
(Mary Chase, *Harvey*)

The predominant mode of American drama is realism. Though the term is not entirely transparent,¹⁰⁰ I define realism as the form that most minimizes its theatricality and appears to be "true" to our basic notion of everyday life: people speak colloquially, if articulately or poetically; actions lead to responses; on the occasions when events are not presented chronologically, we can still map our linear sense of time onto the story afterwards (the "fabula" is easily reconstructed even in a nonlinear "sjuzet"). Within this familiarity, the invisibility of madness and the resulting process of comparative, social diagnosis is the most like it is in life. The audience observes the characters' observations. It might be articulated thus: "They don't see, and I don't see, but he sees; therefore I see that they see that he is mad." Yet because theatre also involves a willing pretense, the audience remains alive to the possibility that what is not seen might actually still be there. We have to be: we are all pretending that the doors on the stage go into rooms or that these actors are superlatively eloquent people. Because of this heightened suspension of disbelief, the presence of the invisible can be more than proof of someone else's madness. To return briefly to *Bug*, which inherits this realistic tradition: the audience is given the invisible evidence to decide the sanity of the characters involved. There *might* be bugs, just as in *Harvey*, there might be a rabbit. We become witnesses to what we cannot see, and even if we do finally diagnose the characters as mad, we have spent much of the play in a sympathetic state of undecided uncertainty.

¹⁰⁰For an exploration of the challenge that realism (or realisms) present for definition, see Demastes; one of his most compelling points is that "creating an untheatrical theatre is the height of theatrical illusion" (xi).

To cement the epistemic overview of Chapter I, I have selected three case studies that progress through those eras, beginning with Mary Chase's *Harvey*. Written in 1944, *Harvey* has elements of both a eugenic and a psychodynamic model of psychiatry. In this play, Elwood P. Dowd is exhausting his widowed sister Veta and her daughter Myrtle Mae with his invisible "Pooka," Harvey, a 6 foot tall white rabbit who accompanies him everywhere. In desperation, Veta goes to Chumley's Rest, the local mental hospital, to arrange for her brother's confinement. When she mentions Harvey, the admitting doctor commits Veta instead. Once this mistake is rectified, the search for Elwood begins. Ultimately, when offered the chance to cure her brother with a special "shock formula," Veta decides against it, since "normal" people are unpleasant. The elements connecting this play to its episteme are legal and medical. Legally, Elwood could be forcibly committed (leaving Veta in charge of the property). Medically, Chumley's Rest features a hydro tub, one of the somatic treatments favored in the eugenic days, using cold or high-pressured water to alter a patient's mental state and/or behavior.¹⁰¹ We also see eugenic ideology in the way Myrtle distances herself from any taint of hereditary strangeness, saying: "There's nothing funny about me. I'm like my father's family" (Chase 58); her mother similarly asks the doctors not to call him "a psychopathic case.... There's never been anything like that in our family" (60). But the spreading psychodynamic discourse is also apparent; when Veta returns from her brief incarceration, she reports that the doctors, clearly psychoanalytically inclined, questioned her about her sex urges: "Is that all those doctors do at places like that – think about sex?" (38). Shock formula number

¹⁰¹The coercive nature of such treatments is briefly and ominously glimpsed in *Harvey*. Veta is subjected to this tub as Dr. Chumley tries to get her to admit that the rabbit is her delusion, not Elwood's: "Give her two of these at nine – another at ten – if she continues to be so restless. Another trip to the hydro room at eight, and one in the morning at seven. Then we'll see if she won't cooperate tomorrow, won't we" (Chase 30).

977, on the other hand, is pure dramatic convenience, having no connection to reality.¹⁰²

With this exception, *Harvey* fairly realistically depicts the mid-1940s transition between eugenic and psychodynamic explanations of and treatments for madness.

Though famous and popular in its time (it won a Pulitzer Prize), *Harvey* does not garner much critical attention anymore. Yet there are qualities that repay such attention. For one thing, it makes a character-based argument for tolerance toward eccentricity.¹⁰³ But its formal elements are even more interesting than its benevolent content. In 1994, Louise Cary briefly alluded to Chase's play in an article about *Hamlet*; *Harvey* and Noel Coward's *Bliithe Spirit* are two (fairly) recent plays that share *Hamlet*'s challenge of doubling: "the audience must digest two texts simultaneously, the one including, the other excluding the Ghost's lines" (Cary 794). However, Cary fails to note the key difference between these texts, the thing that makes Elwood's "madness" immediately more plausible than Hamlet's: in Shakespeare and Coward, the ghosts are played by actors. They are *visible*. The level of their reality for other characters is matched by the level of their reality for the audience. In *Harvey*, the six-foot rabbit is evoked without nearly so much visible validation. He has no lines for an audience to digest, and his presence as a "double" is almost fully imaginary. The fact that the audience can still sympathize with Elwood is a testament to how successfully Chase stages and overcomes the relationship of madness and visibility.

¹⁰²This is a contrast to John Patrick's *The Curious Savage* (1951), wherein the institutionalized matriarch "Ethel" is threatened by *her* prosaic and materialistic relations with sodium pentothal, the so called "truth drug," which really *did* exist (but did not really work like that).

¹⁰³On Mary Chase's history of fighting for "labor and mistreated minorities," see Wallis Reef's gossipy 1945 profile (109). In this article, Chase quotes her mother's advice: "Never be unkind or indifferent to a person others say is crazy. [...] Often they have deep wisdom. We pay them a great respect in the old country [Ireland]" (109). Reef's profile, as is often true for women writers before 1970 or so, stresses Chase's domestic identity, mentioning her three sons and emphasizing that she didn't write (need to write) *Harvey* for money, as well as the fact that the money it *did* make paid for "a series of new hats" (108).

How much the audience accepts Harvey's reality is partly incumbent on the actor playing Elwood (the same challenge faces the actress playing Peter Pan, interacting with a flashlight to make "Tink" seem real). In his first entrance, Elwood bows and defers to an invisible companion. Chase outlines how to evoke the unseen in her stage directions during an introduction (also showing Harvey the Pooka's mix of warmth and mischief):

Aunt Ethel – I want you to meet Harvey. As you can see he's a Pooka. (*Turns toward the air beside him.*) Harvey, you've heard me speak of Mrs. Chauvenet? We always called her Aunt Ethel. She is one of my oldest and dearest friends. (*Inclines head toward space and goes "Hmm!" and then listens as though not hearing the first time. Nods as though having heard someone next to him speak.*) Yes – yes – that's right. She's the one. This is the one. (*To Mrs. Chauvenet.*) He says he would have known you anywhere. (Chase 7)

Elwood's gestures, his murmured query, and his nodding all indicate the invisible presence beside him. Moreover, the content of the conversation indicates that this visibly absent presence knows something about the woman he is "meeting;" interestingly, whatever it is that Harvey knows about Aunt Ethel renders *her* visually identifiable to him ("he would have known you anywhere") at exactly the moment that Elwood is being visually identified to *us* as the man who talks to an invisible rabbit. For both reasons – the possible insult and the apparent insanity – Aunt Ethel beats a hasty retreat.

The reliability of visual diagnosis is explicitly repudiated when Veta is mistaken for the mental-patient-to-be at Chumley's Rest. After her close call, Veta tells her friend Judge Gaffney that she wants to sue the hospital for their error, though she admits there is no sure way not to err:

I always thought that what you were showed on your face. Don't you believe it, Judge! Don't you believe it, Myrtle. This man took hold of me like I was a woman of the streets. [...] And then he hustled me into that sanitarium and set me down in that tub of water and began treating me like I was a – a crazy woman. (Chase 37-8)

In the right (or wrong) social setting, the visibility of sanity is no more assured than its opposite. Veta's face might not be the same diagnostic ground as Elwood's behavior, but the point remains clear: what you see – or what you don't see – is insufficient to know who's crazy, or how, therefore, you should treat them. The "function of a psychiatrist" named in the epigraph to this section is to "tell the difference" based on something other than talk or action – but what else is there? Who *is* crazy and who *acts* crazy is a kind of semantic question, answerable in *Harvey* only by social representatives in social contexts.

The prospect of a social definition of madness can be liberating or distressing. If "mad" is just another word for "different," that can create freedom or chaos. Chase's contemporaries had both responses to her play, and to others of its stripe. Lillian Herlands Hornstein actually called the play's success "cause for distress" in 1945 (7). Along with other plays like Moss Hart and George S. Kaufman's *You Can't Take It With You* (1937) and Joseph Kesselring's *Arsenic and Old Lace* (1939), Herlands Hornstein saw *Harvey* evincing a "moral shallowness and intellectual futility which [are] the first signs of decadence" (9). In 1955, David Sievers, took a brighter view in interpreting the end of the play: "If [Elwood] is happy with Harvey, it is no one else's business; and as the two of them go out together, leaving behind the neurotic, hyper-tense, anxious ones who live in reality, we wonder... just who is crazy?" (357). Though the sane lunatic gained cache in the 1960s, Sievers shows that such characters predate that decade. Film scholars Michael Fleming and Roger Manvell argue that this type has "its most popular depictions in times of social crisis [when] things become out of place, and a sense of disorientation prevails" (159). *You Can't Take It With You* is one of their examples, since both play and film embraced familial wackiness during the Great Depression. Seven years before Chase's

play, *You Can't Take It With You* similarly suggests that what others call “crazy” is a perfectly acceptable and even pleasant way of existing in the world.¹⁰⁴ In *Harvey* we see both the fear and the freedom provoked by the malleability of socially-defined madness. When Chumley learns that his underling has misdiagnosed Veta and let Elwood go because he seemed “reasonable enough,” he is furious that the psychiatric profession has been undermined, with the result that he will have to call the Dowd family lawyer to “to find out who came here to be committed – and who came out here to commit” (32). Having to make the confirming call shows the social element of definition behind the medical guise. Madness requires more than a one-on-one interaction to be decided.

Though initially “Harvey” is an absence given shape by how the actor playing Elwood delineates and responds to it, there are other ways invisibility becomes visible. There is, for instance, the (circumstantial) physical evidence of a hat with holes in it, for a rabbit’s ears to stick through (Chase 26). More compelling are the scenes that end Acts One and Two, both of which incline the audience toward Elwood’s invisible view. When an orderly at Chumley’s Rest named Wilson goes to look up the word “Pooka,” which is how Elwood defines his companion, he reads aloud: “A wise but mischievous creature. Very fond of rum-pots, crack-pots, and how are you, Mr. Wilson,” at which point Wilson drops the book in shock (33). These words give us a reason to accept Harvey as “real,” despite not being “present.” They are literally textual evidence, as the written world transforms to address the skeptic. Since Harvey is mischievous, they also give us an opportunity to see how Wilson, the enforcer, likes being called, by implication, one of the “crack-pots.” The end of Act Two gives even further reason for acceptance to the absent

¹⁰⁴One element that Chase’s play does *not* share with Hart and Kaufman’s is the now-very-dated concept of benign alcoholism. Grandpa Vanderhof collects snakes, visits the zoo, and dodges the income tax, but he doesn’t drink, and Elwood definitely does. It’s probably the biggest obstacle to *Harvey*’s successful revival.

presence. When Dr. Chumley returns from an outing at the bar where he met Elwood and his friend, he declares he is being followed, goes into his office and locks the door. Then come visual and audible clues that we are witnessing something we cannot see:

[First] the rattle of the doorknob. Door opens and shuts, and we hear locks opening and closing, and see lights from hall on stage. The invisible Harvey has come in. There is a count of eight while he crosses the stage, then door of Chumley's office opens and closes with sounds of locks clicking. Harvey has gone in – and then –
THE CURTAIN FALLS. (Chase 56)

The rattle, the door, the lights, and the sounds of the locks, all testify that something is there; as Sievers notes, “By the end of the second act, even the audience is ready to believe that it has seen Harvey cross the stage and open the door of the psychiatrist’s office” (357). But if something is there, if “even the audience” has to believe in seeing what we haven’t seen, then we are like Elwood too. We could all be called “mad.”

Whether or not we are like Elwood, we probably already like him. Aunt Ethel may run away when introduced to Harvey, but Elwood is always gracious and courteous nonetheless (“one of my oldest and dearest friends”). Our sympathy for Elwood is also won by the fact that he is loved by people easier to identify with (think of Lear at his worst, still meriting the loyalty of Kent). Veta refers to Elwood as a “heartache” for her, saying, “Even if people do call him peculiar he’s still my brother” (Chase 4). Her love for him makes them *both* sympathetic characters to the audience.¹⁰⁵ But the strongest reason to like Elwood comes when the invisible presence of Harvey gives him the opportunity to

¹⁰⁵Veta’s sympathy for her heartache brother ebbs and flows, which in its way is also realistic. Though after her false incarceration Veta calls Harvey “that awful Pooka,” she also implicitly relies on the support of the brother she was trying to truly incarcerate: “Wait until Elwood hears what they did to me. He won’t stand for it” (Chase 39). Myrtle Mae is far less sympathetic (toward her uncle or for an audience), always emphasizing the need to gain control of the property and disregarding any rights that Elwood might have to make his own decision; she more or less announces her character at the beginning of the play when she says “Oh, Mother – people get run over by trucks every day. Why can’t something like that happen to Uncle Elwood?” (9). If venal, materialistic Myrtle Mae is normal, we are not rooting for it.

show his contentment. Harvey can manipulate time, and Dr. Chumley is astonished that Elwood hasn't taken advantage of this power. Elwood responds: "so far I've never been able to think of any place I'd rather be. I always have a wonderful time just where I am" (62). His courteousness, lovability, and contentment all make Elwood a sympathetic character. Even as we can see what would lead the other characters to deem him mad, we are on his side; maybe we would be even without Harvey's manifestations. (A play somewhere between the validated magic of *Harvey* and the undecided violence of *Bug* would be interesting to see.) We want the play's society to include Elwood as he is, not just because we are given evidence that he is right, but because he is kind.

Ultimately, it is his kindness that protects him from medical intervention. Elwood agrees to the shock formula treatment, if it will make his sister Veta happy. What changes her mind about this course of action is a monologue from a cab driver who is waiting for his fare. The driver muses on the difference between the "mad" and the "sane":

On the way out here [Chumley's Rest] they sit back and enjoy the ride. They talk to me. Sometimes we stop and watch the sunsets and look at the birds flyin'. Sometimes we stop and watch the birds when there ain't no birds and look at the sunsets when it's rainin'. We have a swell time and I always get a big tip. But afterward – oh – oh – oh... [...] They crab, crab, crab. They tell at me to watch the lights, watch the brakes, watch the intersections. They scream at me to hurry. [...] Lady, after this he'll be a perfectly normal human being and you know what bastards they are!
(Chase 69)

This puts the difference between "normal" and not in terms of visibility: the birds and the sunsets, whether they are "actually" there or not, are part of the "swell time" people have before they are made part of the crabbing, screaming "normal." Veta decides, then, what the audience has already decided: it doesn't matter what Elwood sees; what matters is that he is happy himself and kind to others. *Harvey* offers a number of ways to treat

people, and its conclusion indicates that the best choice is not to rely too heavily on what we (or they) see, but instead to create a new and better idea of the normal, allowing more of us to enjoy more of life. Elwood P. Dowd may be “insane,” but that is only because of the limited, visible way we have defined sanity, and the play advocates sympathy instead.

That said, we are given evidence that the visibly absent Harvey *is* present, and therefore Elwood’s seemingly present madness must be absent. How should mad studies reconcile the sympathetic benevolence in *Harvey* with its concurrent (and, admittedly, not realistic) validation of the different as “true” and therefore, not really *that* different? Is madness only sympathetic when it is not really madness? Are only the courteous and docile forms of distress worthy of sympathy? If Chumley becomes a less aggressive proponent of medical intervention because he *too* sees Harvey, how is that translatable to real world psychiatric interactions, where symptom-sharing (and thus symptom-negating, at least as far as their being “symptoms”) is impossible? These are hard questions to answer. Perhaps what matters most when it comes to *Harvey*, or to realistic plays that engage, more or less successfully, with problems of visibility and sympathy, is that what happens to the “mad” character is contingent on who is around him and what those other people see when they look at him. This contingency extends to the audience. Whose sanity do we believe in, and who do we think is merely “talking and acting reasonably,” and how can we – or anyone – be certain of how to tell the difference? Even we decide that Elwood is *not* mad, or if he is too sweet to be a broader test case for sympathy, we have observed the contingency inherent in an invisible and therefore socially defined diagnosis, and considered the possibility of a new definition or arrangement of the “normal” that would or could include different behaviors, beliefs, and mindsets.

Expressionistic Theatre: Seeing and Speaking the Mad Self in Adrienne Kennedy's *Funnyhouse of a Negro*

“Before the closed Curtain A WOMAN dressed in a white nightgown walks across the Stage carrying before her a bald head. She moves as one in a trance and is mumbling something inaudible to herself. Her hair is wild, straight and black and falls to her waist. As she moves, she gives the effect of one in a dream.” (*Adrienne Kennedy, Funnyhouse of a Negro*)

Though audiences of realistic theatre may take on a somewhat diagnostic role as we see and rethink what we see, much of that transparency is absent from expressionistic theatre. It is hard to adjudicate based on visible surfaces when visible surfaces are foregone for other emphases. For instance, what is one to do with the above passage, the opening stage directions for Adrienne Kennedy's 1964 one-act play? Even if The Woman's "trance" and appearance as "one in a dream" might trigger diagnoses (or vestigial theatrical memories of Lady Macbeth), what are we to do with the bald head and the long black hair? The visual vocabulary of this scene stymies like an unknown dialect. This is what it is intended to do. As Sievers defines the term, expressionistic plays "distort or depart from objective reality in order to express a truth about an inner state of mind or feeling" (83). This mode of theatre has been active in America at least since the 1920s; both Glaspell's *The Verge* (1921) and O'Neill's *Strange Interlude* (1928) use expressionistic techniques, to name two. Across the Atlantic, Bertolt Brecht began his influential experiments with estrangement and the epic theatre in the same decade. But American expressionistic drama was especially bolstered by the theatrical experiments of the 1960s.¹⁰⁶ Many of these experiments were inspired by revisiting the 1930s essays of

¹⁰⁶Of these experiments, it would be remiss not to mention the play known as *Marat/Sade*, written by Peter Weiss and famously directed by Peter Brook. Interestingly, one of *Marat/Sade*'s most stunning moments (almost everyone who saw the production commented on it, including Susan Sontag), appeared in a *musical*

Antonin Artaud. Artaud's inflammatory writings about a "theatre of cruelty" can be hard to take seriously, but J. L. Styan usefully distills his positions into a basic stance of anti-realism: "The drama can never reproduce real life, and probably, therefore, should not try. Paradoxically, only by seeking the 'inner reality' in the theatre's own basically unreal terms can drama begin to touch the real life, the 'outer reality' of its audience's world" (110).¹⁰⁷ The reiteration of the word "inner" helps to define expressionistic theatre as that which goes beyond the seen, plays that do not "reproduce," but rather accept and even heighten the unreal terms of theatre in order to access reality more deeply.

The mid-century turn to expressionism occurred in part because the predominant mode of American realism became a chafing limitation to many playwrights. Especially in an era of cinema, live theatre suffers when it stays flat and contained, a relic of certain conventions of mimesis. In her study of *Play of Impasse* (works set in places like mental hospitals or prisons), Carol Rosen calls refers to the "petrification" of both reality and realism, arguing for the necessity of plays that "find some way to touch us, to move us beyond the fourth wall" and "attempt to go beyond easy, comfortable suspension of disbelief towards actual immersion in experience depicted onstage" (281). Though Rosen's selection of texts is narrow, these are vital expressionistic goals. Though these goals may have come to the forefront during the 1960s, they are not foreign to the dramatic genre. Indeed, Arthur Miller, whose mid-century works are generally classified as "realistic" (a label open to debate, but generally applied) said this to David Sievers

three months earlier; the first act of Sondheim and Laurents's *Anyone Can Whistle* ends with the actors satirically and/or menacingly applauding the audience, as does the second act of *Marat/Sade* (Zadan 89).

¹⁰⁷Styan argues that this stance arises partially from Artaud's distrust for language to "communicate the fullness of human experience," a feeling Styan thinks may arise from Artaud's own non-linguistic experiences outside the shared logos while he lived through his schizophrenia (108).

about the need for representational dramatic techniques: “The externalization of conscious but repressed, and unconscious thoughts and motives is the basic problem of dramatic structure” (qtd. in Sievers 395). Like life, and unlike novels, drama is made up of real bodies and voices; whatever is happening within the minds of the characters so embodied must be “externalized” through some technique or other. Expressionistic theatre may be more extreme than, say, the soliloquy, but it is no less connected to the basic problem of bringing inner reality into exterior light.

When madness appears in expressionistic drama, providing the “inner state of mind” in which the audience is to be “immersed,” singular opportunities emerge. If madness is seen as a challenge to ordinary language, expressionistic theatre is ready to respond.¹⁰⁸ Following Foucault and others, Jacqueline O’Connor asks:

can madness be expressed through a language governed by principles of reason? Is it possible for the mad to react across the division that separates them from the sane and express the experience of madness? What’s more, can the characters of a drama present themselves as mad, and still speak in a language comprehensible to the audience? (72)

Expressionism accepts that ordinary language – or ordinary theatrical means – will not suffice to reach “across the division” and “express the experience.” If realistic theatre engages with madness as an invisible and therefore social challenge, expressionistic theatre uses it as a challenge to language requiring new visual and social strategies to compensate. Writers like Adrienne Kennedy look for ways to convey onstage consciousness that are not the dialogue exchanges that mimic a (better scripted) version of life, and seek to engage the audience in a no-fourth-wall social experience, rather than a comfortable suspended, detached observation of a mirrored society. Expressionism uses

¹⁰⁸For similar reasons, Don Ringnald holds up drama as the crucial but “neglected genre” of war, since its inherent artificiality paradoxically allows it to express the truth of unspeakable experiences more truly and more ethically (“Doing It Wrong”).

theatre's many audiovisual means to express the presence of madness as an experience, only shareable once common language and "realism" are dispensed with. Ordinary language and realistic theatre can only be outside, on the diagnostic end of the interpretive spectrum. Revisualizing theatrical modes of speech thus disrupts the forms of desire and domination (and diagnosis, I would add) that Phelan notes in most Western theatre, dependent as those things are on a coherent point of view: "A visible and easily located point of view provides the spectator with a stable point upon which to turn the machinery of projection, identification, and (inevitable) objectification" (163). When the modes in which characters speak to each other and to us are not like our usual "outer reality," but instead proliferate into multiple, unstable forms of address and points of view, expressionistic theatre allows the audience to experience a highly different "inner reality" without being easily able to identify or objectify it as madness.

Though less common than realistic strategies, expressionistic attempts are not necessarily unwelcome in the theatre, though generally, financial pressures seem to keep the avant-garde the exception to the rule.¹⁰⁹ That said, Kennedy's play was fairly successful; *Funnyhouse of a Negro* ran for 46 weeks and won an Obie award.¹¹⁰ Though only twenty-three pages as a script, *Funnyhouse* is dense and hard to summarize. The play defies linear, perhaps even decidable, plot.¹¹¹ Robert Scanlan, however, offers a

¹⁰⁹That said, O'Neill's *Strange Interlude* ran on Broadway for seventeen months, then went on tour, became a best-seller and won O'Neill's third Pulitzer Prize. Wolff notes that these sales totals plus the movie rights netted O'Neill \$275,000, making *Strange Interlude* his most lucrative single play ("Secrets" 219).

¹¹⁰The Obie award is the highest award given to Off-Broadway plays. On *Funnyhouse of a Negro* as indicative of a change in the American theatre scene with the rise of Off- and Off-Off Broadway in the 1960s, see Krasner (63) and Kolin (25).

¹¹¹On the ways the play leaves plot open, see Krasner (71) and Meigs (174). The question of what happened to Sarah's father – murder, suicide, or nothing – seems to be the primary issue of plot decidability.

helpful analysis that argues that although the play is not “realistic” in its plot presentation, it is nevertheless a sequence with a beginning, middle, and end. Scanlan suggests that this sequence develops as a result of the story that can be ascertained *through* what happens onstage, though it is never explicitly dramatized there; the expressionistic varieties of plot segment – including audiovisual stage effects, stylized dialogue between characters, and monologue – alternate to obscure the underlying story, but not to erase it (93-6).

As Scanlan traces that story, Sarah is a young black woman brooding on events in her past: how her light-skinned mother married her dark-skinned father, how they moved to Africa where one night he raped her, how she subsequently lost her hair and went insane, how her father begged Sarah’s forgiveness and then hanged himself in a Harlem hotel, how Sarah herself has begun losing her hair. After trying to reconcile these events, partly through monologue and partly through the theatrical embodiment of her other “selves” (two of whom are white royalty, Queen Victoria and the Duchess of Hapsburg, one of whom is a black martyr, Patrice Lumumba, and one of whom is a mixed-race and physically deformed incarnation of Jesus¹¹²), Sarah has a final moment reliving a father- and/or blackness-related trauma and hangs herself. The implied time of the play – the duration of its fabula – may be no more than the last second’s of Sarah’s life (Scanlan 107, Curb 180). But deciding this point does not matter. What matters is that the events onstage can be seen as Sarah’s failed attempt to reconcile herself to her identity and her past. Though dense and convoluted, the play is a clear exploration of a mental state, an experience of a very distressed inner reality.

¹¹²I note with appreciation that Scanlan deems this fourth self an “exploitation of dwarfism, which is a medical condition, not a metaphor” (103).

Funnyhouse reflects its historical moment in several ways. For one thing, its emphasis on racial oppression as a cause of madness is distinctive to the 1960s (consider the similar themes from Malcolm X or Ralph Ellison).¹¹³ In the earlier eugenic era, Sarah and her mother would have been susceptible to mental distress because they were from weak racial stock, not because their race entailed damaging life events. We also see the play's episteme in the following exchange:

DUCHESS: My father is the darkest. My father is a nigger who drives me to misery. Any time spent with him evolves itself into suffering. He is a black man and the wilderness.

FUNNYMAN: How tormented and cruel you are.

DUCHESS: He is a nigger.

FUNNYMAN: And your mother, where is she?

DUCHESS: She is in the asylum. In the asylum bald. Her father was a white man. And she is in the asylum. (11)

The use of the words “nigger” and “asylum” reveals a particular historical moment. The Duchess's hate and her fear exist in a world not long after Civil Rights legislation and not far into the policy of deinstitutionalization. Later plays could not refer to “the asylum” with such concrete terror, nor could they use the word “nigger” with quite the same tone. Like plot, these epistemic facts are expressed, though not in obvious or realistic ways.

In *Funnyhouse of a Negro*, Kennedy uses expressionistic techniques to explore the complicated reality of madness. Inner turmoil is externalized as the disorienting, exaggerated, untrustworthy experiences of an amusement park, albeit a particularly terrifying one.¹¹⁴ Kennedy's most evident technique is the presence of many “selves” to

¹¹³For more on racial oppression as traumatizing or maddening, see Scanlan (94) and F. Carpenter, who writes that this play “clearly dramatizes the cultural schizophrenia that results from the flawed logic of racism” (23). As should be clear by now, I dislike this metaphorical use of the word “schizophrenia,” but her point, that systemic oppression can have dramatic and negative personal consequences, is well taken.

¹¹⁴On the fusion of Sarah's room with her mind, see Kolin who sees the funnyhouse mirrors in this “psychic space” distorting both her own identity and her perception of others (21, 32, 36); see also Curb on

speak as/for Sarah. They appear around her as they might in warped and discolored mirrors. These proliferate visual selves contribute to the confusion both created and conveyed by the difference between the story as we come to understand it and the plot that is dramatized during the course of the play.¹¹⁵ Claudia Barnett argues that this play compels the audience to experience madness themselves, writing that “the *Funnyhouse* reader/audience is pitched into the frenzy of the play, thrust amid the selves and left to distinguish any sense of reality” (174). In combination with Kennedy’s other techniques (for example: the use of stark and striking images, such as the woman carrying the bald head and a stage encircled by ravens; the use of startling and disruptive sounds, such as loud knocking and laughter; and the use of highly stylized, masklike makeup for the actors), the multitude of Sarah’s selves offers an expressionistic means to represent – indeed, to convey, to immerse the audience in – the confusing inner reality of madness. This is epitomized in the play’s climactic “jungle scene,” wherein these selves speak over and around one another in a ritual that simultaneously brings Sarah’s madness to a head and reveals it at its height. The splintering of Sarah’s experience into the many repetitive and cyclical speeches of her externally embodied inner selves overwhelms an audience with a theatricality, and a mentality, beyond the scope of common language.

There is a balance of presences in the play, with Sarah herself trying to negotiate between them. Each of her four selves, Victoria, the Duchess, Patrice Lumumba, and Jesus, is embodied by an actor who speaks words which we come to understand originate

Sarah’s imprisonment both “in the funnyhouse of her deranged mind” and, given the womblike nature of the room, within the female body as well (190).

¹¹⁵On the cyclical, accumulating structure of Kennedy’s plot, see Boucher, who sees the possibility of agency in this fluidity, as it disrupts the traditional hierarchy of self and other (98-100); Krasner, who sees the play as a combination of flashbacks and amnesia (72); and Curb, who sees the layering of repetitions as a particularly female aspect of Kennedy’s writing (189-90).

within Sarah's consciousness. In addition to these real bodies but unreal "people," there are four not-Sarah's-self presences, two of whom speak for themselves (her boyfriend and landlady) and two of whom are primarily spoken about (her mother and father). These four provide most of our understanding of the "real story," which has to do with Sarah's father's rape of her mother, her mother's subsequent madness, and her father's subsequent suicide. Sarah's landlady gives what may be the most lucid account of what happens, reporting that she told Sarah not to blame herself for her father's suicide, and that Sarah claimed to have killed her father. The landlady also sees Sarah's distress and delusion, saying: "She's suffering so till her hair has fallen out. [...] I always did know she thought she was somebody else, a Queen or something, somebody else" (Kennedy 8). Yet the expressionism of the play also underlines that even this "real" version is not reliably external and is colored by Sarah's entrapment in her "funnyhouse;" the landlady is directed to "*laugh like a mad character in a funnyhouse throughout*" (8). Her words, as a report, are hard to extricate from the trappings of Sarah's perception.

This inextricability of real external presences from Sarah's inner reality is heightened in the highly expressionistic incorporation of her mother and father into the play. Sarah's mother – or rather, Sarah's idea or memory of her mother – is a visual cue, the dream-like woman in a nightgown who crosses the stage carrying a bald head.¹¹⁶ Her father – or Sarah's terror of him – is (until the very last moment) an audio cue, the sound of ever-louder knocking at Sarah's bedroom door. These strong theatrics bind the "outer reality" of people who do exist beyond Sarah's imagination to the inner reality from

¹¹⁶The bald head Sarah's mother carries, and which recurs, dropping down to the sound of laughter, might signify both madness and suicide. On the former, see Kolin: "Dismembered, disembodied heads visually represent a mind gone mad, torn from the body of reason in the ghastly corridors of Sarah's nightmare" (37). On the latter, see Scanlan, who argues that it "plainly images a hanging" (96).

which she considers them. For audience members, this immersion presents a challenge to both the diagnostic urge and analytical comprehension. More simply put: it takes a long time to figure out who or what is “real.” Using expressionistic techniques to render the audience uncertain of the divisions between external and internal, real and imagined, the play expresses the experience of madness in a way that could never simply be spoken.

One reason the audience is uncertain, at least on a first viewing, is that the central consciousness of the play does not appear onstage until after her dream-like mother and two of her “selves.” Only after Victoria and the Duchess have appeared, with their stark white makeup, wild hair, and stylized costumes, and have conversed, does Sarah enter. Her hair is similarly wild but she is also partly bald (which is one of the ways we can visually connect the selves with Sarah), and she is carrying her own hair. Sarah is described as a “*faceless, dark character with a hangman’s rope around her neck and red blood on the part that would be her face*” (Kennedy 4). From the beginning, Sarah is marked with blood and a rope for her eventual death, with her personal identity (her face) obscured. What matters to her is not this doomed and faceless self, but rather, her other selves. In the first of her two long speeches, she explains both herself and her location in a manner that reveals her own hopelessness:

The rooms are my rooms; a Hapsburg chamber, a chamber in a Victorian castle, the hotel where I killed my father, the jungle. These are the places myself exist in. I know no places. That is, I cannot believe in places. To believe in places is to know hope and to know the emotion of hope is to know beauty. It links us across a horizon and connects us to the world. I find there are no places in my funnyhouse. [...]

I try to give myself a logical relationship but that too is a lie. For relationships was one of my last religions. I clung loyally to the lie of relationships, again and again seeking to establish a connection between my characters. Jesus is Victoria’s son. Mother loved my father before her hair fell out. A loving relationship exists between myself and Queen Victoria, a love between myself and Jesus but they are lies. (Kennedy 7)

“My rooms,” each a locale for one or all of her selves, are also “my funnyhouse,” and they are not real places because to believe in real places would be to connect to the world in a way that Sarah finds impossible. Just as she has no face, she has no horizon. There is only one place, her room, just as there is only one place for the audience: the stage. All “the places” exist in one (real) room, as all the play exists through one (constructed) consciousness. But that consciousness is deeply fractured, as we see in the second part of the above passage. Sarah finds it as impossible to connect herself as it is to “believe in places.” Both places and relationships are “lies,” unable to be recognized as relevant to her inner reality. In her speeches, Sarah helps us to understand why the other speeches (many of which repeat and echo words used by Sarah) are so hard to understand. She can no longer make use of the organizing principles of “logical relationship” or “place” or even the forward-orientation of “hope.” Without such logical, spatial, or temporal structures, Sarah’s experience is a sensory deluge. Not coincidentally, so is the audience’s. In this shared confusion, we are sympathetically aligned with Sarah’s perspective, understanding even outside of logic.

In her first monologue, Sarah explains herself. In her second, they pace behind her as she speaks. Yet even when we understand what they are, how their multiplicity connects to her singularity, there is an irreconcilability between the perception of many bodies onstage and the premise that they are all projections of one person. Staging fragmentation in this way destabilizes typical ideas of a speaking subject. Sarah is a collection of interiors, each attached to a separate (actor’s) embodied and en-voiced presence. This gives us a different way to think about the “inner reality” of a (mad) subject. As Deborah Geis writes, Adrienne Kennedy “literalize[s] the ‘splitting’ of female

subjectivity as her monologue speakers divide and subdivide their fractured utterances [...] such that character, like voice, is not a fixed construct” (170). Many call attention to the fragmentation of these characters.¹¹⁷ It would be irresponsible not to, since five actors of different race and gender all represent aspects of one single “self,” which must raise questions about constructed subjectivities. Yet Philip Kolin is the only critic I’ve found who leaps to speaking “clinically” about Kennedy’s expressionistic strategy, suggesting that the term “dissociative identity disorder” should be part of our appraisal of her work (19-20). Although the profusion of physical selves onstage is certainly an evocation of an altered state of mind, I would not go so far as to choose the clinical label. This form of analysis is contrary to the social possibilities of theatre and, I would argue, the social conscience of mad studies. Finding a *DSM*-style diagnosis to account for Sarah’s experience (or the audience’s) does a disservice to Kennedy’s effort to render inner identity. If that inner identity is the kind that goes beyond the capacity of ordinary language to express it, surely clinical language should be viewed equally askance. What Sarah’s selves *do* express in language – the fearsome return of the father, “the blackest one of them all” (3), his suicide or murder in a Harlem hotel, the rape and insanity of the mother, and the desire to deny blackness – are deeply traumatic elements. Sarah’s multiple selves keep returning obsessively to these points, and the effect is that the ruptures in her seem to be caused by these similar ruptures. Viewed clinically, perhaps this is symptomatic. Viewed theatrically, it is an expressionistic technique for conveying

¹¹⁷On the complexities of Sarah’s alter egos, see Kolin (39-45); Kolin not only explores Victoria and Lumumba thoroughly, but also notes the importance of the historical Duchess of Hapsburg’s own insanity (43). See also Meigs (173-4) and Curb (180-2) for how these identities comment on the fragments of Sarah’s emotional experience and connect her to broader historical forces. Finally, see Boucher who reads the connection of a fragmented subject and a history of oppression through a postcolonial lens.

Sarah's inner reality: these other speakers are required to make it possible to show the true and maddening effects of what they are speaking about.

These effects are epitomized in the so-called "jungle scene" at the end of the play. This climactic scene puts all the selves together, but instead of conversing with each other, or offering anything like unity for Sarah, they speak overlapping, competing words directly to the audience. The jungle scene is the final stop in this funnyhouse, and it turns interior trauma, distress, and fragmentation into an audible and visible theatrical experience. And it is a thoroughly immersive experience; according to the stage directions, this should be the longest scene in the play, "*as the slow, almost standstill stages of a dream. By lighting the desired effect would be – suddenly the jungle has overgrown the chambers and all the other places with a violence and a dark brightness, a grim yellowness*" (Kennedy 20). Between the duration and the set design, the jungle scene is already a dramatic form of expressionistic difference. When the fractured speech of the fractured selves becomes part of it, the audience can hear as well as see the desperation and the futility of Sarah's attempt to find some way to cope with her traumatic life history. Queen Victoria, the Duchess, Patrice Lumumba, and Jesus chant in overlapping, mixed words about the dark father, the dead father, finding her and knocking on her door. "Why does he keep returning?" they ask; "He keeps returning forever, keeps returning and returning and he is my father" (21). It is as much the presentation of these words – spoken by four actors wandering in a jungle, increasingly loud – as their content that expresses Sarah's profound distress. The chant repeats, builds, speeds up, and abruptly stops: "*Silence. Then they suddenly begin to laugh and shout as though they are in victory. They continue for some minutes running about laughing and*

shouting” (22). The laughing and shouting of multiple selves in “victory” might seem like a moment of triumph, or perhaps all hell breaking loose. We are almost too deeply immersed in inner reality to be able to tell.

The play concludes with something more certain, and more certainly tragic. The sound cue of knocking returns, and it initiates the most decisive plot fact of *Funnyhouse*:

The Negro Sarah is standing perfectly still, we hear the knocking, the lights comes on quickly, her father’s black figure with bludgeoned hands rushes upon her, the light goes black and we see her hanging in the room. Lights come on the laughing Landlady. And at the same time remain on the hanging figure of the Negro.

LANDLADY: The poor bitch has hung herself. (Kennedy 22)

The first five clauses give a non-realistic but deeply affecting representation of suicide.

Sarah’s passivity in the face of sound, light, and a terrifying invading figure (the first and only time “her father” is said to appear on the stage, though her selves have spoken his words for him) reveals nothing; if her hanging has an explanation, neither she nor any of her once-vocal selves provides it. As a resolution, this is both swift and ambiguous.¹¹⁸

Ending her play this way, Kennedy demonstrates the chasm between the inner reality that leads to suicide and the possibility of speaking coherently about it. The gap can be expressed by theatrical means, but never closed; staged, but not spoken or resolved. The landlady’s factual words convey no useful understanding except the very absence of such understanding. The facts we do have are pure froth compared to the experience we have undergone. We do not know whether Sarah’s father “really” returns, nor what he does or

¹¹⁸Susan Meigs writes: “Sarah, ultimately powerless to reconcile and integrate her conflicting selves and incongruent historical narratives, chooses to abandon the white funnyhouse. That Sarah recognizes no escape other than suicide testifies to the insidiousness of her tragedy” (176). For more on suicide as an escape from the imprisonments of life, womanhood, and otherness, see Curb (195) and Barnett (165-6).

did when he reaches or reached her.¹¹⁹ Yet it is clear from the sight and sound of her selves in the jungle that she can't escape the memory of him. With that memory also comes the truth of her mother's rape and subsequent institutionalization, as well as her own ineradicable blackness. Though all of Sarah's actions have been attempts to undo the "outer reality" of her life, from trying to put loose hair back on her head to inventing other selves to speak for her, her inner reality proves an unsustainable alternative. Her once-proliferate presences have vanished, leaving only her hanging body to be discussed by her boyfriend and her landlady. As a final outer reality, this body-self is present and absent at once, visible but veiled, silent and utterly singular.

With its range of experimental techniques, expressionism brings us closer to madness by offering ways to access the inner reality of mad selfhood, so obdurate to conventional language. It is able to "give effects," like Sarah's mad or entranced mother, that thwart the impulse to diagnose based on visible surfaces. Unlike in other forms of writing, these effects focus on reaching the people who are present. Expressionistic theatre presents experience by *being* an experience; not a mirror, funnyhouse or otherwise, but an anti-realistic merging of form and content that acknowledges and requires the attention of the audience. Adrienne Kennedy's *Funnyhouse of a Negro* is one example of how drama can use madness as both the content and form of attempting to connect with other selves, staging how it might be possible to bridge chasm between seemingly inexpressible subjective inner realities and create, together, a better outer one.

¹¹⁹On the invasion of this figure as indicating something violent and traumatic, possibly with sexual undertones, see Scanlan (97, 107). On trauma as a possible cause for a broken-up narrative like Sarah's, trauma as "a block which does not allow full narrative, but which nevertheless sets it (and its representation) in motion," see Koppers (91).

**Musical Theatre: Seeing and Hearing in Different Time in Tom Kitt and
Brian Yorkey's *next to normal***

*"It just keeps rushing at you
Day by day by day by day
You don't know
You don't know what it's like to live that way."
(Tom Kitt and Brian Yorkey, "You Don't Know," next to normal)*

One of the most blatant expressionistic ruptures is now almost invisible and unremarkable in contemporary theatre. Even Brecht approved of and used this rupture to introduce a new point of view to the audience's experience (Brecht 85-7). I am, of course, speaking about the use of song. The musical is often overlooked in discussions of drama, though it is one of the few uniquely American contributions to theatre history (McMillin 25, Knapp 3). More important than being American, the musical is incredibly theatrical, in some ways epitomizing the elements distinguish theatre. For one thing, it is the most intensively collaborative form, usually involving multiple writers, multiple kinds of stage effects, and large casts of actors. For another, the high demands of the musical emphasize all theatre's vital and perilous liveness.¹²⁰ This form also has the potential to be the most subversive; as Scott Miller writes in *Rebels With Applause*, live musical theatre is "among the most powerful tools for social and political change in the world today, partly because it's sneaky; it does its job without its audience noticing" (viii) and without the audience feeling too threatened or challenged (vii).¹²¹ At a musical, we think we are just

¹²⁰This is obviously true when reading a musical, since the script is clearly missing an elements; see Gordon on the incomplete nature of a written lyric, which "may look banal on paper, for it only acquires its own poetic dimension when sung" (15). Yet even watching a musical, with the additional dangers and vulnerabilities that come from live singing and dancing (often in large, unmanageable groups), impresses with its "liveness" more than other forms do; see McMillin (149-50).

¹²¹On this sneakiness of musical theatre, see Knapp, who argues that the artificiality of song paradoxically allows deeper experience because it's not "real" (14); see also McMillin on its apparent triviality being able to catch power off guard (199); finally, see Savran, who analyzes how the status of the musical as

enjoying ourselves; *Funny Girl* is much easier to watch than *Funnyhouse*, which may account for the broader popularity, and thus unremarkability, of this genre. But musicals in fact engage audiences on multiple levels, with the potential for far greater complexity and depth than most people imagine. As it “rushes at you,” scene by scene and song by song, musical theatre offers a way to present and create an immersive experience. Musicals open multiple channels for reception and interpretation because they are fundamentally ruptured, deeply, pleurably, and meaningfully antirealistic.

This antirealism comes mainly from the basic disjuncture between people speaking and people singing, what D. A. Miller calls the musical’s “frankly interruptive mode-shifting” (3) that some of the genre’s haters find deeply ridiculous and some of its lovers simply pretend to ignore. Yet those interruptions are exactly what enables it to represent otherwise inaccessible modes of experience so well. As Stephen Sondheim puts it, “when [an audience] comes to a musical, surreality is a given” (262). Having accepted that the experience of an evening will be ruptured with songs, it is no great leap to accept that the ruptured experience *presented* in an evening might be meaningful. That is, once we let go of the realistic conventions that say “people don’t burst into song” we are more flexible about what human experiences merit our sympathy: “people’s madness might be part of a recognizable continuum.” *Sweeney Todd* is a good example. The “straight play” on which Sondheim and Hugh Wheeler based their musical may evoke narrative satisfaction as a bloody tale of revenge, but its hero lacks the sympathetic, even tragic depth that music can grant. Writing about Sondheim and Wheeler’s *Sweeney Todd*, Judith Schlesinger articulates how the genre’s ruptures elicit such complex responses: “The

“popular” allows it to engage, sometimes more explicitly, “many of the same historical and theoretical problematics that allegedly distinguish canonical modernist texts” including industrialization, political and racial struggles, and “the crisis of the subject, marooned in capitalist modernity” (“Popular” 215).

book challenges our higher thinking centers while the music works on us below, sneaking past the intellectual guard posts and heading straight for the viscera” (126). The unrealistic interruptions that test some viewers’ credulity or patience offer a significant formal opportunity. As for those resistant ridiculers, I would remind them of the fact that “*all art is artificial*” (S. Miller viii-ix); musical theatre just flaunts it more and perhaps gets more out of it.

What, then, does the artifice of song enable? According to Scott McMillin, song introduces a temporal difference, putting in tension the linear, Aristotelian time of the book, and the cyclical, lyric time of the songs (9).¹²² Lyric time allows characters to extend themselves in another dimension, another temporal order, and allows audiences make meaning out of that other dimension. The introduction of music into a play does many things: it exaggerates, heightens emotion, and strives to access deeper reality through what Schlesinger calls the “viscera.” But it also, as Raymond Knapp argues, offers “a kind of suspended animation” that allows us to double our attention and see both character and performer, both façade and reality; moreover, this perceptual doubling extends further, offering a chance to “become more aware of larger themes prefigured in the expanded moment, or of different authorial ‘voices,’ ranging from historical reality and its known associations, to the writers, to the characters, to the actual performers in

¹²²In asserting difference as vital to the genre, McMillin rebels against the once-prevailing idea of the “integrated” musical in which all parts coalesce in a seamless whole, an idea he argues has its origin in the New Criticism dominant at the time of *Oklahoma!*, the show usually lauded as the first so-called integrated musical (3). McMillin suggests replacing the term “integrated” with “coherent,” in which elements can hold together without losing their differences, a shift with political as well as aesthetic implications (73, 208-9). On the pleasure of the musical’s difference, see D. A. Miller, who resents any “colonization” of musical theatre by “the same narrative naturalism [such as Arthur Miller’s] from whose tedium and tyranny [the musical’s] real merit was to keep alive, so long as it was vital itself, the prospect of a liberation” (2).

front of us” (12).¹²³ The temporal disunification central to the aesthetic of the musical is a window between the world of the theater and the social world we inhabit.¹²⁴ It is not surprising, then, that madness has been a common theme in musical theatre; shows like *Lady in the Dark* (1941), *Anyone Can Whistle* (1964), and *Kiss of the Spider Woman* (1992) all use the rupture of music to meaningfully represent and reflect on the individual and social ruptures called “madness.” When musical theatre takes madness as its theme, it uses its own built-in breaks to reflect on how mental breaks are perceived and constructed in the world at large. (Musicals are no less revealing of psychiatric epistemes than other texts. *Lady in the Dark* uses musical numbers to represent the dreams that the heroine is having analyzed; *Anyone Can Whistle* has a clear antipsychiatric message in its plot of mental patients indistinguishable and indivisible from the “sane;” and *Kiss of the Spider Woman* shows musical hallucination as a natural response to the trauma of torture.) The difference between linear time and lyric time allows the audience entrée into a different mind; we are already making a leap into another mode of being, so using song to represent madness is not that strange. However, this difference also gives the audience the opportunity to reflect on its own immersion, to see how madness is made shareable, and to ponder the possibilities of social sympathy.

Here I will focus on how temporal difference allows an audience to see and hear mental difference in *next to normal* (2009), music by Tom Kitt, book and lyrics by Brian

¹²³Kuppers refers to Rudolf Arnheim’s work with time and how theatrical temporality can create “two different knowings, one knowing that develops at a moment in time, the pictorial, and one that develops over a span of time, the literal” (26). Literal and pictorial are not terms used by Knapp or McMillin, but the difference between them is similar to that between the moving-forward time of the book and the (opportunity for) reflective time in songs.

¹²⁴McMillin argues that temporal disunification makes the musical aesthetically Brechtian, meaning that even though musicals have long been a capitalist product, they contain within their very form the potential for criticism of resistance to power and social structures (29). Savran also discusses the paradoxical challenge that the popular musical can present to its own commodification (213).

Yorkey. As *Harvey* did in 1945, *next to normal* won a Pulitzer Prize in 2010, only the eighth musical to do so in the history of the prize. In *next to normal*, Diana Goodman is a woman diagnosed with bipolar disorder who decides to stop taking her bewildering and numbing array of medications. The play traces this decision's effects on her supportive husband, Dan, her overachieving and thinly stretched daughter, Natalie, and her son Gabe (more on Gabe in a moment). The first act ends with Diana agreeing to try ECT; the second act shows her attempt to regain her memories, and Dan's attempt to keep her away from the harmful ones. Her struggles with the truth of Gabe's story precipitate both a tentative reconnection with Natalie and the decision to end her overprotective marriage.

Throughout the play, Diana's madness is conveyed both in contemporary medical vocabulary (as in the song "My Psychopharmacologist and I," in which she undergoes many medication corrections) and in more personal, sympathetic images (in "I Miss the Mountains," she laments the medicated stability that keeps her from feeling). Perhaps the best example of the search for a balance between these modes of understanding is the song "The Break," in which Diana sings:

They told me that the wiring was somehow all misfiring
And screwing up the signals in my brain.
And then they told me chemistry, the juice, and not the circuitry
Was mixing up and making me insane. [...]
What happens if the medicine wasn't really in control?
What happens if the cut, the burn, the break
Was never in my brain or in my blood but in my soul? (89-90)

"The Break" details Diana's thoughts on the changing explanations for her illness (and for the efficacy of treatment), as well as her lingering suspicion that there is something about her story that medicine has not yet accounted for, that medicine might not be able to fix. Musing (in song) on the limits of the psychopharmacological/neurological

episteme, Diana asks for a different explanation of her own difference. The way the audience has seen and heard her experience helps us understand her rupture beyond the words of “wiring” and “chemistry,” “brain” and “blood.”

In *next to normal*, music is the theatrical technique that enables us to see and hear Diana’s experience *with* her. Her madness has our sympathy not only because music has visceral effects, but because it is a separate temporal order. When we are swept into lyric time, the rules of linear time no longer apply. Kitt and Yorkey use the rule-suspending tendency of lyric time very cleverly. Diana’s central delusion is first masked, then explored, by the alternate temporality offered by music. At first, we take for granted that we are seeing what is there, not just what Diana sees; even when we discover this is not the case, that we are seeing (and hearing) her delusion, the power of lyric time allows that delusion to take on interesting, threatening, and perhaps ultimately implausible depth. As Jeffrey Ullom notes, *next to normal* uses its rock-inflected score both “for the purpose of highlighting the characters’ emotional or mental turmoil while making the tensions within the abnormal situations more relatable” (212). Music both highlights difference and makes it accessible, albeit in a different grammar. Since Diana’s experiences are particularly confusing and immersive for her, *next to normal* is predominantly music, with only about 20% of its running time being spoken dialogue. With few chances to revert (and refer) to the logic of linear time, the audience is swept into Diana’s inner world without knowing that it is not the same as the external one.

The delusion that the presence of music initially masks is the presence of Diana’s son, Gabe, who died in infancy but who has persisted in her imagination; he now appears as a seventeen year-old boy. But the audience does not know this at the start of the play

(and reviewers usually go out of their way to avoid spoiling it). The show opens with Diana waiting for Gabe to come home at 3:30 in the morning, scolding him, then shooing him off so her husband won't see him. She tells Dan that the "voices" he heard were just her, "Talking to myself" (8). At first glance this scene appears to indicate nothing more than ordinary family tensions: rebellious son, chiding but abetting mother, father in the dark. In retrospect, however, it suggests an entirely different set of problems. Diana *is* talking to herself, and Dan is worried about *her*, not about their son. But this understanding comes only in hindsight; when Diana initially scolds her son in song, the only un-reality we are aware of accepting is the fact of song itself. Hearing music makes it more difficult to see Gabe as a delusion.

It is harder in theatre than in fiction to focalize or create indeterminacy. For the most part, the audience will see what you show them (which is what makes the use of invisible presences in plays like *Harvey* or *Bug* so interesting). When we share in a subjective reality on the apparently objective visual field of the stage, we become allied with the character who is having those visions because we are having them too. This alliance is hard to break; like a symptomatic patient, you can't stop seeing what is, for you, *there*, even if you know it isn't there for others. Even if you watch *next to normal* a second or a third time, it is impossible to correct your experience of the play. You can't *not* see Gabe; all you can do is see that other people (act as if they) don't see him, and that maybe you should have seen their not-seeing as evidence for some diagnostic interpretation. Megan Seely maintains that our complicity with Diana's delusion is connected to our desire to believe in their perfect family: "She makes him so real and ideal that the audience fully believes he is alive. It is not until we see the deterioration of

the family's cover that we learn he is long deceased. We then spite ourselves for so easily falling for their façade" (1). Yet the success of the deception has as much to do with the musical's form as its content. We see this when Gabe's un-reality is made concrete in the show's most jarring introduction of linear time. Gabe vanishes when Diana is just about to share and celebrate his presence. She has stopped taking her medication (Gabe helps her flush the pills down the toilet), and everyone has been hopeful, as they express in the refrain "It's gonna be good." But the instant after the end of the song:

(Diana enters with a birthday cake, blazing with candles. But Gabe has disappeared.)

DIANA: Okay.... It's someone's birthday!

HENRY *(To Natalie)*: Whose birthday is it?

NATALIE *(Small pause)*: My brother's.

HENRY: I didn't know you had a brother.

NATALIE: I don't. [...] He died before I was born.

DIANA *(A beat, sees them)*: What? What is it? (Kitt and Yorkey 30-1)

Natalie's "pause" and Diana's "beat" are the audial equivalents of Gabe's disappearance, both from the stage and, suddenly, from the audience's understanding of reality. Natalie does not have a brother; it is not "someone's birthday," at least not in the way we have been led to believe. We may "spite ourselves" for not knowing sooner, but it was because of the sympathetic alliance with Diana created by music that we were fooled.

The musical *next to normal* combines a sympathetic response to and a social awareness of madness in its emphasis the familial context of Diana's experience. After Diana has brought in the birthday cake for Gabe, Dan sings a song called "He's Not Here," in which he gently informs her of their son's actual absence (Kitt and Yorkey 31). Natalie's response to her mother's confectionary lapse is a self-loathing song called "Superboy and the Invisible Girl," in which she mourns: "He's immortal, forever alive – / Then there's me" (36). Dan and Natalie's responses to Diana's delusions in Act One, and

her ECT-induced memory loss in Act Two, provide a sense of the world within which madness exists, and which it affects in turn. Even Dr. Madden, whom Diana starts seeing after the incident with the cake, asks her to talk and think about the context of her whole life as they try to fix her brain (“Make Up Your Mind” 46-50). Dr. Madden sometimes appears to Diana as a “rock star,” indicated to the audience with a quick lighting and music cue (38), and perhaps this reported reputation is due to his being so very understanding about these social factors. But the audience is always seeing and hearing *with* Diana too. The balance of sympathetic seeing-with and social seeing-of can be approached in a unique way in musical theatre. In the song “I Am the One,” Dan, Gabe, and Diana can all offer their overlapping perspectives on the reality of their family and her madness without the scene descending into chaos; they can *sing*. Music provides the structure needed to present these competing but cogent perspectives at once. “Tell me what to do / Tell me who to be / So I can see what you see” sings Dan; “Look at me,” goes Gabe’s counterpoint (34). We see and hear them both – as does Diana – and can thus sympathize with more than one member of this society at once.

As this trio shows, we continue to experience Gabe as a theatrical presence, though we know he really marks his own absence. Despite the revelation that he is evidence of Diana’s delusion, he still appears and participates onstage. He even has an exuberant solo called “I’m Alive” in which he explains his own reality, couching threatening terms in an upbeat tempo: “I feed on the fear that’s behind your eyes” and “I’m your wish, your dream come true / And I am your darkest nightmare too” (Kitt and Yorkey 41, 42). For the audience as for Diana, Gabe *is* alive. Since lyric time functions as a kind of heightened reality, more real than the linear reality of the book, Gabe is

especially vivid when Diana and Gabe share a dance together.¹²⁵ This dance is possible because Diana associates Gabe with a particular music box; when she opens it, he appears in a tuxedo to be her dancing partner, escorting both her and us into the visual realm of the classic musical, where music frees people to express themselves better and more deeply than the limitations of the book permit. Though Diana's words are about "dreaming" this dance with Gabe, we can see her dream and delusion happening in the suspended reality of the song. When her song stops, Gabe sings too, inviting her to stay in this suspended reality. He tells Diana of a place where they can be "free" and "the pain will go away" (52); as he repeats the musical phrase "Come with me," Dr. Madden reads (not singing) the hospital chart that describes her suicide attempt (53). Here, the audience is reminded that the "book" version of Diana's illness is substantially different from the "lyric" version. What we have heard and seen has been Diana's lyric version of her own madness. We experience her delusion with her, and even when we learn what has "really" happened, that experience is what lingers.

Yet part of what is interesting about Gabe is that he appears not only in moments we can understand (sometimes retroactively) as being subjectively Diana's. There are other times when the audience can see him but Diana cannot, which gives this delusion a curious (and perhaps implausible) kind of theatrically verified reality. His song "I'm Alive" is one such moment; another is after the suicidal Diana has received ECT and can no longer remember her once omnipresent son. Gabe then emerges to speak to Diana though she can't hear him:

¹²⁵In her essay comparing *next to normal* to *A Doll's House*, Megan Seely sees an "almost incestuous relationship" between "the physically deceased son and the mentally decayed mother" (3). Initially I found this to be overstated (and I still don't like the phrase "mentally decayed"), but when I watched clips of the original performance, I had to admit that their relationship can definitely have this tinge to it.

They've managed to get rid of me – return me to the grave.
ECT, electric chair – we shock who we can't save.
They've cleared you of my memory, and many more as well –
You may have wanted some of them, but who can ever tell. [...]
You wonder which is worse – the symptom or the cure. (Kitt and Yorkey 74-5).

This is in part a critique of the medical treatment Diana has received at “their” hands, but it is also somewhat confusing. If he has truly been “cleared from her memory” and “returned to the grave,” why can the audience still see him? No longer is Gabe part of our experience of her experience of delusion; we could say that his presence onstage is now the audience’s delusion alone. Alternately, he could be meant to represent the lingering presence of mental illness even in remission. Or it could be that Gabe is not a delusion, but rather a ghost, a being of yet another kind of (un)reality who truly does want to be remembered, who needs others to need him in order to continue existing. This last seems to be indicated by two late moments in the show: first, when Gabe hands Diana the music box that will finally remind her of him, allowing her to narrate the full story of his death (81); and second, when Diana leaves Dan but Gabe remains and demands that his father acknowledge his presence, which he finally does (99-100). In these scenes, Gabe’s level of reality is evidenced beyond a single person’s delusion: he has effects on “real” objects, and people besides Diana recognize his existence. *next to normal* does not resolve this uncertain representation. Gabe is a complex in/visible character who remains part of the theatrical reality up to the end, participating in the ensemble finale by singing the lines: “The wasted world we thought we knew – / The light will make it look brand-new” (103). He is one of the many voices promising hope in the show’s final number, indicating that alternate temporalities and alternate mentalities can co-exist.

This final unison number returns me to some of my earlier points about musical theatre. As perhaps the most collaborative form, and certainly the least realistic, musicals have a different relationship to the audience than other kinds of drama. This is especially evident when an entire cast gathers onstage and sings directly to the audience, as happens in *next to normal*'s conclusion. "We'll find the will to find our way," they sing together, in a purposeful first-person plural (104). Scott McMillin notes the "ensemble tendency" and "shared performability" of the musical, which is unshared by "legitimate" theatre (75-6). The entrance into another form of temporality allows characters to join each other's thoughts and feelings by performing them together; realistic dialogue never happens in unison, but in a musical, the tendency is toward sharing performance and creating an ensemble. To return to my epigraph for this section, the ensemble tendency of the musical rises to the challenge "you don't know." Music makes it possible, even formally desirable, to share the words and melodies that represent inner realities and thoughts. Such moments of formally compelled sharing are infectious on the stage itself, but they aim to infect the audience too: for one thing, the more the music gets in your head, the better for the show, but also, the more compelling and provocative the ideas are, the more you are likely to return.¹²⁶ This strategy of inclusion, of building an ensemble that extends past the apron of the stage, makes musical theatre one of the best venues for rethinking the arbitrary divisions of ordinary life and challenging the sense that we don't or *can't* know "what it's like to live" through some experiences that are in fact well within the human continuum.

¹²⁶On the powerful "spell" of theatre, see Savran: "No theatre form is as single-mindedly devoted to producing pleasure, inspiring spectators to tap their feet, sing along, or otherwise be carried away. This utopian—and mimetic—dimension of the musical (linked to its relentless reflexivity) makes it into a kind of hothouse for the manufacture of theatrical seduction and the ideological positions to which mass audiences can be seduced" ("Historiography" 216).

Conclusion: “Each of You Wonders”

“I wonder, sometimes, if I am the only one of you to admit to it; not that I may go mad, but that each of you wonders if each of you might not [...] It is supposed to be healthy – the speculation, or the assumption, I suppose, that if it occurs to you that you might be, then you are not; but I’ve never been much comforted by it; it follows, to my mind, that since I speculate I might, someday, or early evening, I think more likely – some autumn dusk – go quite mad, then I very well might.” (Edward Albee, A Delicate Balance)

Live theatre, whether realistic, expressionistic, or musical, is a unique opportunity to reconsider the social reality of bodies and minds. Mad scenes are popular in part because they offer powerful metaphorical potential and instant narrative impetus. However, performed representations always leave space open in a way that written representations do not. There are excesses, gaps, and perhaps most importantly, a feeling of unrepeatability. As Phelan writes: “Performance honors the idea that a limited number of people in a specific time/space frame can have an experience which leaves no visible trace afterward” and this experience has an “independence from mass production, technologically, economically, and linguistically, [which] is its greatest strength” though it often devalues that strength (149). Theatre builds temporary but powerful community, and through that community it can effect change by changing minds. Like any literary form, drama is a chance to *see* the world differently. Edward Bond argues that the insanity represented on stage can lead to greater sanity in the world itself, writing: “Not only is the audience free to live practically in unjust society – unlike madmen it is free to change it” (95). What we see in theatre is different from other literature because we actually see it, really happening in front of us, this once and only this once, with potential for change embedded within its nature.

Being in a room with people and watching other people, who are also in that room, do and say (and sing!) some rehearsed things may not seem to have revolutionary potential. But the combination of sharing that room and watching each other can deeply influence how we consider and care for each other outside that room. Paul Woodruff addresses both the social and the sympathetic elements of theatre at length, as he argues that theatre is both an opportunity to “practice” caring, as it were, and that theatre cannot help but build sympathy as it stages situatedness; “When truth is spoken in theater,” he writes, “theater can show us what it is like to be the person who believes this truth” (212). Theatre flexes the intellectual and emotional muscles that all social beings must develop: a sense of self, a sense of other, a recognition of continuity, and an evaluation of the community. Further, it helps to uncover the construction of norms within that community, and to suggest the damage of those norms. These muscles are not adequately exercised without those other people, without that shared room. David Savran sees theatre’s liveness as essential to its ability to construct community, writing that theatre

transforms an ‘I’ into a ‘we,’ individual spectators into a group that assembles almost ritualistically to commune to share fears and desires and to work out its anxieties. Unlike the movies [...], the theatre creates, as if by magic, a temporary community out of the multitude assembled to watch the ghosts tread the boards. And might it not be precisely the communal nature of theatre that will guarantee its survival even in an era when it is swamped by mass culture? (*Playwright* xx-xxi)

Savran’s question is, of course, rhetorical, at least for now. (We’ll check back in a century and see how it’s going.) But the potential vitality of theatre is born in its “I-into-we” ability to watch and be and think and feel together, as temporary community.

The form of theatre is social, with the potential to build a better real community from this starting place of a short-duration experience of mutual pretense. It is also a

place to reveal the continuum of human experience; the extremes of such characters as Lear, Blanche DuBois, or even Elwood P. Dowd are made part of our continuum when we experience them in the communal form of theatre. As O'Connor writes (of Blanche in particular¹²⁷), "To see a mad person on stage may be shocking, but madness exists within the boundaries of human experience" (102). Theatre offers a particularly powerful combination of the shock of difference and the sympathy of what is within human boundaries, and it does so by doubling and expanding the social world that surrounds us. This is why I end this section with Agnes's early words from Edward Albee's *A Delicate Balance*; each of us wonders if there might not be something – whether we attribute it to genes, situation, luck, or what have you – that might not take us to that boundary of "going mad." And, as Agnes points out, the degree to which we wonder does nothing to inoculate us against the eventual possibility; speculation will neither keep you "healthy" nor indicate the first step of your inevitable descent. When we watch mad scenes in a theater, we are allowed to wonder, protected by the gap between self and performer, audience and stage; but we can also be nudged to wonder too how we can live in the real world where differences in perception, language, or temporal experience do not immediately wreak tragedy, but rather are included and aided as part of the potential continuum created by just being alive, together, every day.

¹²⁷Blanche DuBois could have been "an interfering in-law, a pathetic drunk, a promiscuous schoolteacher masquerading as a lady" but Williams's care allows us instead to, if not identify fully, at least "see through her experience how close the edge is, how quickly and unexpectedly our own sanity could come into question" (O'Connor 103).

CHAPTER III

MEN'S MADNESS NARRATIVES: EXTERNAL WARS AND TRAUMAS IN *COMPANY K, CATCH-22, CEREMONY, AND IN THE LAKE OF THE WOODS*

Introduction: Gendered Madness, Trauma, and the Narrative Functions of a

Mad Protagonist

“A war like any war. No new messages. Stories that began and ended without transition. No developing drama or tension or direction. No order” (Tim O’Brien, Going After Cacciato)

“Doctors call it PTSD – post-traumatic stress disorder. I call it being human. If this shit doesn’t fuck you up then you should see a doctor because you’re a sociopath.” (Anthony Lappé and Dan Goldman, Shooting War)

“Every war is different,” writes Ben Shephard in *A War of Nerves* (xxii), and the differences include not only the technologies involved in that war but the social and medical context surrounding it. But the above quotation from *Going After Cacciato* is also true: war is like war. This paradox has particular ramifications for male madness narratives. To what extent do the stories of men driven mad by combat vary according to the era of that combat, and to what extent do they have the same basic idea of what “fucks you up”? How much of this kind of madness is contingent on circumstance, and how much is a universal experience of being human?

I say “being human,” but Lappé and Goldman might as easily have written “being a man.” So far, a majority of the narratives of war’s psychic damages have focused on the male psyche. This is not to say there are no stories of war’s effect on women; as I will discuss briefly in the following chapter, Nora Okja Keller’s *Comfort Woman* and Toni Morrison’s *Beloved* are both female madness narratives that reflect the personal psychic damage war can inflict on women. Nor do I mean to imply that women have not done

important military service, as they have done and will continue to do so in increasing numbers. However, there is a tendency toward gender division in madness narratives, one I must address before proceeding with this chapter or the next. As a general rule, the madness narratives that feature a male protagonist assume an exogenous causality, while those featuring a female protagonist emphasize endogenous and often unknown origins. In *Crazy For You*, Jill Astbury makes this point regarding the distinction between the similar-seeming behaviors of hysteria and shell shock in the era of World War I: “the causes of women’s madness are regarded as natural and internal and men’s are considered as unnatural and external” (31).¹²⁸ What is wrong with women is deemed natural, while it is (almost) always the external war that wrongly destroys “our boys.” As I say, this is only a general tendency. There are certainly male madness narratives that do *not* feature war as external cause: William Faulkner’s *The Sound and the Fury* (1929), Truman Capote’s *In Cold Blood* (1965), Richard Yates’s *Disturbing the Peace* (1975), Michael Ondaatje’s *Coming Through Slaughter* (1976), and Chuck Palahniuk’s *Fight Club* (1996) are all examples of madness as a central element without a surrounding combat context. But on the whole, there is a remarkably consistent trend in fiction with mad protagonists: madness in men is induced by war; in women, by womanhood.

The gender divisions of madness narratives reflect a gender division in the conception of sanity itself. Many writers have addressed this (Astbury, Coleman 28,

¹²⁸For another example of the division of male and female madness, see Donley and Buckley’s collection *What’s Normal?*, which divides excerpts into gendered categories (though they further divide the sections of “male mental disorder” into those that do or do not include “war trauma”). For more on the persistent linking of endogenous madness and womanhood, see Elaine Showalter’s *The Female Malady*; Phyllis Chesler’s *Women and Madness*; and Lisa Appignanesi’s *Mad, Bad, and Sad: Women and the Mind Doctors*, which lists the many symptoms and diagnoses that have historically been apportioned to women, such as “nerves, delusions, aberrant acts, dramatic ties, passionate loves and hates, sex, visual and auditory hallucinations, fears, phobias, fantasies, disturbances of sleep, dissociation, communication with spirits and imaginary friends, addictions, self-harm, self-starvation, depression” and, more clinically, “monomania, melancholia, hysteria, dementia praecox, schizophrenia, anorexia [and] MPD, ADHD, and OCD” (1).

Gerschick 1265), but perhaps most useful is Joan Busfield's *Men, Women, and Madness* which explores the relationship of (the social construction of) gender and (ditto) "mental disorder." Busfield argues that a normal mind is defined differently for men and women (110-1). Certain behaviors will be viewed diagnostically as "symptoms" based on cultural definitions of acceptable gender behavior. Even the unacceptable may be asymmetrically interpreted, with women more likely to face doctors and men to face criminal charges (Busfield 104). When the minds under consideration belong to soldiers, abnormality is often described *as femininity* (Tal *Worlds*, Showalter *Malady*); powerlessness and passivity in the battle zone leads to higher psychic trauma, in turn leading to a devalued, stigmatized, emasculated "mad" identity back home. In dividing my chapters like this, my intention is not to reinscribe the idea that men and women go mad in predictably different ways (nor that madness is itself a womanly entity or vice versa); rather, I aim to explore the interaction of the stories that both reflect and create gender with those of madness, since all of these divisions are as indebted to culture as they are to biology.

But this returns me to my initial question of the contingent and the universal. Writers such as Ian Hacking and Lisa Appignanesi have articulated the interplay between the dynamic influence of culture and the static facts of biology when it comes to illness; as Hacking puts it, "Times change, and so do people. People in trouble are not more constant than anyone else" (*Rewriting* 21). But perhaps Hacking fails to be sufficiently attentive to the distinct kind of "trouble" that war involves, which Penny Coleman calls "distressingly constant" (19). Do the different names of traumatic neuroses or war syndromes mean that the experience of distress itself is different, or merely the label?

The answer is probably a bit of both.¹²⁹ As Mikkel Borch-Jacobsen, alternative historian of psychiatry, writes:

psychiatric theories are never simply external to the psychopathology that they are concerned with. Quite the contrary, they constantly interact with them; the physicians' expectations influence the patients' behavior, and the latter in turn influences the theories that are formed about it. For the most part, the history of psychiatry is nothing other than the history of these interactions and complex negotiations from which emerge in a more or less random fashion new syndromes, new "realities" shared by the patients, the physicians, and the society that surrounds them. (24)

The interactions between real doctors and real patients are echoed and amplified as new realities are then shared through literature. Nigel Hunt makes a similar claim, specified for the understanding of war trauma emerging from the interaction of personal narratives and social discourses (114). Yet even if times and people change, there are elements of those narratives and discourses that persist. Some ideas about madness "have remarkable sticking power" (Clark 4) and "leave trace elements" in popular thought even when the tide of episteme has ebbed (Cross 10). Vogue diagnoses are a combination of constancy and circumstance, and the stories that represent them reflect as much.

During the twentieth century, America has embraced what Shephard identifies as "the diagnostic eras of shell-shock, battle fatigue, and Post-Traumatic Stress Disorder" (xix).¹³⁰ Each of these is a vogue diagnosis inspired by the possibly universal experience

¹²⁹On this "enduring debate," between unique medical and military circumstances and "new diagnoses coined [...] for established syndromes," see Jones and Wessely (xvi, 206); see also Herman (28), Hunt (11) and John Talbott, who points out that war trauma diagnoses require the existence of a psychiatric profession, which wasn't well-developed until the turn of the twentieth century and which, when it was developed, likely changed faster than the experience of soldiers did (444).

¹³⁰Shephard is not alone in this breakdown; Fleming and Manvell make a similar map of the territory after declaring, "[I]t is as if each of America's major wars has generated a particular type of madness" (113). See also Elaine Showalter's *Hystories* (138). Showalter uses a key term associated with vogues: epidemic. On hysteria as "epidemic," see Talbott (443); on the so-called epidemic of PTSD, see Jones and Wessely (110, 185, 212). Shephard sums up the century by saying Vietnam created "epidemic of mental disorders" for America; the Great War did so for Britain; and WWII did so for both (327).

of “war like any war” under certain social and historical (and literary) auspices, and I will provide more information on them shortly. However, let me be clear: I cannot answer whether these illnesses are circumstantial, ahistorical, or something in between.¹³¹ War syndromes may be differently named manifestations of a single response; they may be unique historical syndromes; they may be what Borch-Jacobsen and Ian Hacking call Transient Mental Illnesses, bridging the gap between the “real” and the historically contingent. My concern is the way these vogue diagnoses have enabled formal innovations in male madness narratives which attempt to represent lived experience.

Many claim a universal thread can be found in the idea of trauma. As I will discuss in the next section, our current vogue diagnosis (in vogue not just for veterans) is Post-Traumatic Stress Disorder. Though not corresponding neatly to a neurological view of madness, trauma is a significant part of our current episteme, a lingering “trace” of psychodynamic, environmental causality demanding inclusion.¹³² Some histories of war diagnoses (Coleman’s, for instance) include it throughout, claiming that really, it was “trauma” the whole time, that it took a while to see that shell shock and battle fatigue were just earlier names for what we would now call PTSD. Retroactive diagnosis is hard to prove at best; at worst, it is hard to believe, given the work of other historians (such as

¹³¹When Jones and Wessely describe Post-Traumatic Stress Disorder, for instance, they point out that most of the theorizing followed, rather than preceding, its introduction into the *DSM*; though they hasten to add that “this is not to say that PTSD is a socially created illness,” they do suggest that we may never know “whether the increased numbers of apparently damaged Vietnam veterans were simply the result of battlefield stress, or whether the causes lay in the nature of American society and its struggle to come to terms with a war that was lost, or alternatively whether it was a self-produced epidemic in which expectations eventually became fulfilled” (135). I follow their lead in acknowledging these tangled threads.

¹³²To some extent, this means redefining the term to fit into a neurological episteme, or perhaps redefining neurology to include trauma. See Talbot, who writes: “Researchers have established to their own satisfaction that combat trauma is a biological event in a soldier’s brain” (452). The interdependence of brain and psyche – of biological and emotional events – seems to be the increasing suggestion of twenty-first century studies of mental illness, combat-induced or otherwise.

Hacking and Shorter) showing the indebtedness of mental illness disease entities to their surrounding cultural milieu. The one reason that trauma might be an exception, at least for the twentieth century, is that although it didn't come to full explanatory prominence until the 1970s and 80s, it has been part of psychiatric vocabulary since 1895.

Trauma studies draws heavily on ideas from the end of the nineteenth century, best expressed in Freud and Breuer's *Studies in Hysteria*. In summarizing their work with patients such as Anna O. and Elisabeth von R., Freud and Breuer wrote that "the psychological trauma, or more precisely, the memory of it, operates like a foreign body which must still be regarded as a present and effective agent long after it has penetrated" (10). The way this lingering foreign body of memory ruptures the so-called "hysteric" is similar to how trauma – an alleged disorderer of memory – remains lodged in the mind. Although Freud moved away from some of these early ideas (and away from hysterics in general), his conception of penetrative psychic trauma manifesting in physical symptoms directly affected ideas about shell shock in the 1910s. If Freud's influence on the idea of battle fatigue in the 1940s was more indirect, trauma theory in the 1970s breathed new life into it. One of the most powerful resuscitated ideas is the importance of narrative to healing. Freud and Breuer reported that hysterical symptoms disappeared permanently "*if we succeeded in wakening the memory of the precipitating event with complete clarity, arousing with it the accompanying affect, and if the patient then depicted the event in the greatest possible detail and put words to the affect*" (10, emphasis theirs). Compare this claim to that of psychiatrist Jonathan Shay, made a full 99 years after *Studies in Hysteria*:

Severe trauma explodes the cohesion of consciousness. When a survivor creates fully a realized narrative that brings together the shattered knowledge of what happened, the emotions that were aroused by the meanings of the events, and the bodily sensations that the physical events

create, the survivor pieces back together the fragmentation of consciousness that trauma has caused. (*Achilles* 188)

Depicting an event and putting words to affect heal, say Freud and Breuer; a fully realized narrative restores the fragmented coherency of a traumatized consciousness, says Shay. The stress that both place on the (re)creation of a story indicates that a fairly unified theory and treatment of trauma has been a steady part of the twentieth century.

Still, using trauma to unify the experience of war is useful only up to a point; using it to unify the experience of “being human” risks explaining nothing by reaching for everything. Critics of what Shephard calls the Culture of Trauma point out that response to traumatogenic events varies widely, particularly after combat (Shephard 391, Hunt 58), and that the events that *will* cause trauma also vary based on culture (Hunt 123, Eghigian 402). The idea of “traumatogenic events” is pointless if it effaces or ignores cultural and historical differences in favor of “a response common to all human beings” when facing “the fear of annihilation,” to quote some overreaching from 1968 (Keiser 35). I do not mean to equate all wars and grant them one diagnostic explanation. Trauma is flawed as a total explanation for madness, but it can still be what Hunt calls an “effective heuristic” if we remain skeptical about universal claims (50). As Kirby Farrell writes, trauma is “psychocultural” because “the injury entails the interpretation of the injury. [...] And those interpretations are profoundly influenced by the particular cultural context” (7); Marlow additionally notes the subjectivity of “trauma” to cultural definition as a result of the subjective definitions of “normal human experience” in the first place (98). If we understand the term to bear this cultural, interpretive baggage with it, trauma can offer a coherent, if not totalizing, framework for the madness narratives that have proliferated around war in twentieth-century American literature.

If I seem to have drifted from my focus on madness, the idea of trauma actually sharpens it. They are, of course, allied in any of the diagnoses (or epistemes) that posit a life-event as a possible cause for the emergence of symptomatic distress. Post-traumatic stress disorder is one of these, but over the twentieth century, so too have been multiple personality disorder, depression (sometimes called exogenous depression), hysteria, obsessive-compulsive disorder, or even somatic ailments such as ulcers or asthma. More than this, madness and trauma are linked in their status as invisible disabilities deeply entangled with issues of language.

As I have already discussed, madness poses a serious challenge to language. This challenge presupposes a tension between what Keitel calls “psychotic experience” and “the limits of verbalization” (3). A similar challenge is part of our current understanding of trauma as well. Kalí Tal names “the unbridgeable gap between writer and reader” when it comes to communicating or representing traumatic experiences (“Speaking” 217). Fuchs (163) and Gilmore (6) echo this point, and Kurt Vonnegut has written that, in addition to the fashionable code of the reticent warrior, one reason “not to talk about war is that it’s unspeakable” (*Man* 20).¹³³ Fictions that centrally involve madness, war, or trauma (or, in this chapter, madness induced by the trauma of war) must face the challenge of unspeakability. The integral nature of this challenge to madness narratives is expressed by Charley Baker et al in their *Madness in Post-1945 British and American Fiction*: “How can authors provide a lucid account of madness, that may be inherently chaotic or incoherent, while remaining faithful to the *experience* of madness?” (26) Baker

¹³³On the repression and silence surrounding war on both the personal and social levels – sometimes as traumatic as war experiences themselves – see Herman (8, 67, 70-1). For fictional examples, see *In the Lake of the Woods*: “I mean, how do you live with it? What the fuck do you put in your letters home?” (206); see also *The Phantom Bloop*, wherein a soldier’s mother says: “Time to forget what happened overseas. Just pretend it never happened. Put it out of your mind” (231).

et al answer that the means of fiction offer a way to marry the seemingly incommensurate pieces of “experience” and “account.” “literature provides one way of saying the unsayable, presenting that which is not understandable, giving the reader a glimpse in to the foreign, unknowable, highly individualistic experiences that form pluralities of madness” (26). There is no perfect vehicle for sharing subjectivities. The realms of experiencing and accounting do not mesh easily, especially when that experience is on the extreme side of the human continuum. In William March’s *Company K* (1933), the extreme of fright prompts just such thoughts in Private Silas Pullman:

Only a few minutes more and we’ll be going over. I can hear my watch ticking – ticking. This silence is worse than shelling.... I’ve never been under fire before. I don’t know whether I can stand it or not. – This isn’t the way I thought it was going to be. – I want to turn and run. I’m yellow, I guess.... The other men aren’t frightened at all. They just stand there holding their rifles, cracking jokes.... Maybe they’re as frightened as I am. How do I know? How can I tell what’s going on in their minds? (75, ellipses in original)

Fiction is one of the answers to this (fictionally posed) question. Though obviously useless for Pullman at that (fictional) moment, fiction allows us to know “what’s going on in their minds” in a way that real life does not. This is particularly important when it comes to the extraordinary experiences of life, such as the moment of waiting to go “over the top” in *Company K*, or the mental rupture that may occur if it turns out one cannot “stand it.” Though there may be no perfect vehicle, fiction is one of the best tools we have for permitting entry into another mind and representing extremes of experience in ways that promote sympathy and intersubjective understanding.

There is a potential limitation in this model of intersubjective understanding, however. I may seem to be suggesting that writers give accounts of their own madness or trauma or war experiences and readers receive these accounts in order to approach and

apprehend that experience. In this model, writers must represent, through whatever fictional and formal means they choose, *their own* authentic experience. Some critics do insist on authenticity, most notably Kalí Tal, who inveighs against what she calls Other People's Trauma (OPT), always a metaphor or literary device, and always a colonization of the reality of a "marginalized, traumatized community" ("Speaking" 246). Tal insists on a veteran-authored literature of war trauma, arguing that there is "no substitute for experience – only being is believing" (*Worlds* 15). It would seem that the narrator of O'Brien's *In the Lake of the Woods* agrees with this, as he writes in one of his footnotes:

We are fascinated, all of us, by the implacable otherness of others. And we wish to penetrate by hypothesis, by daydream, by scientific investigation those leaden walls that encase the human spirit, that define it and guard it and hold it forever inaccessible. [...] Our lovers, our husbands, our wives, our fathers, our gods – they are all beyond us. (101)

However, I would point out that O'Brien chooses to write his novel with this narrator, thus foregrounding the act of attempting to imagine. Even if the narrator believes his task impossible, we still see him value that task. I resist Tal's point, then, in both its ethical and aesthetic implications. If we deny the ability to imagine what it would be like to be someone other than ourselves, we greatly restrict the kinds of literature we can create and the kind of justice we can seek. Although it is important to respect the authentic claims of experience, it is limiting to respect them *only*.

That said, we should be aware of the tendency to make real experiences into meaningful metaphors. The "OPT"s of wartime distress and/or peacetime madness *are* posed on this slippery slope. As film scholars Fleming and Manvell have pointed out, war films frequently focus on madness, "which is often depicted as both the cause and the effect of war" (112). This observation – madness is both global cause and personal effect

– marks a prominent and dangerous aspect of the male madness narrative. Through synecdoche, the mad soldier is made to stand for the horror and incomprehensibility of war itself. His individual madness bears witness to (and is caused by) the madness of war.¹³⁴ This creates a neat bit of circular responsibility: war is a kind of madness, and madness is caused by war. However, disability studies warns us to beware these reductions. In actuality, war is *not* a metaphor, though we often use it as one.¹³⁵ War is a harsh, complicated, often lethal reality. No more metaphorical are the physical and mental disabilities that it causes.¹³⁶ This tendency uses two inexplicable human conditions to make sense of each other. The danger is that the terms may simply collapse into each other, as we see in Coleman (29), Kingston (3), and Hynes (202). A prime example of this collapse can be seen in Mark Boal’s screenplay for the Academy Award-winning film *The Hurt Locker*, which refers to one battle scene simply as “Bedlam” (56). The problem with this collapse is that it eradicates the lived experience of both sides of the metaphor. Calling war “madness” belittles mental illness and naturalizes the brutal waste of combat. The reality of combat, as Tal points out, “[takes] place on a physical rather than symbolic level” (“Speaking” 224). The physical level means dead, damaged, and otherwise distressed bodies. The best male madness narratives, “authentic” or not, respect this physical level even as they tell fictional stories. It is no coincidence that each

¹³⁴This is reminiscent of the pattern Mitchell and Snyder term “the prototypical modernist equation of disability with social collapse” (165). A mad soldier shoulders and manifests international collapse.

¹³⁵We also use war’s vogue diagnoses in metaphorical ways; see Jay Winter (7) and Jones and Wessely (60) on the lasting value of “shell shock” in the social and literary discourses to which it was imported.

¹³⁶Some statistics: Showalter names 80,000 cases of shell shock by the end of the Great War (*Malady* 168). Lehmann estimates that between one-quarter and one-third of U.S. troops during the World Wars and the Korean War experienced the what was called either “shell shock” or “battle fatigue” (20). On Vietnam’s damage, see Coleman, who quotes the National Vietnam Veterans Readjustment Survey finding that 30.9% of the three million Americans who served in Vietnam would have a lifetime prevalence of PTSD (65). Coleman also notes the NVVRS’s silence on the subject of veteran suicide (130-1).

of the narratives I include in this chapter prominently features the harm done to (fictionally) real bodies. What happens to the German prisoners in *Company K*, or Japanese prisoners in *Ceremony*, or Snowden in *Catch-22* – these events show how deeply grounded, how radically un-metaphorical, trauma can be.

Though I will return to the connection of the aesthetic and the ethical, I turn now to the form of fiction alone. In Chapter I, I discussed how a symbolic model of madness functions with minor characters. Mad protagonists differ from these previous examples in that their madness becomes the central driving force of the story.¹³⁷ It is not there to help the plot or deepen another character (though it may still have a thematic or commentary component); it is there to have a story told *about* it. If narrative pervades the theory of trauma, it is no less vital to mental or physical otherness. Jason Tougaw asserts that narratives “rely on pathology as their enabling condition” (25), and a similar idea underlies Mitchell and Snyder’s description of the prosthetic (53). Stories compensate for something that has gone wrong, and, as a corollary, something must be wrong for there to *be* a story.

And madness is quite a dramatic “wrong.” Cynthia Erb goes so far as to call it a “narrative crisis” that requires resolution through explanation and cure (51). When a text has a mad protagonist at its center, this crisis kick-starts certain kinds of plots.¹³⁸ These plots can position the protagonist’s madness within any of the models of disability, though they tend to engage most deeply with the medical or social/cultural/political

¹³⁷For other breakdowns of how a protagonist’s madness might function, see Baker et al, who argue representations should be divided by whether they use madness as an entertainment device or a political and/or informative subversion of shallow entertainment (4-6); see also Rieger, who sees writers using madness in thematic, rebellious, or sociological ways (7-8)

¹³⁸On the plot-enabling of “human anomaly” of mind or body, see Cassuto (124). On the real-life demand for and creation of stories surrounding illness and disability, see Arthur Frank, Barham and Hayward (157) and Lennard Davis (*Enforcing* xvi).

models (often staging the conflicts between them, as when characters see doctors who “just don’t understand”). In any case, the kinds of plots spurred by the madness of a central character evoke these models. Mitchell and Snyder write that it is “disability’s very unknowability that consolidates the need to tell a story about it” (6), and madness connects to three central mysteries springing from the unknown. First, there is a temporal mystery, linked to the medical model: how has this been caused to happen? Second, there is an existential mystery, linked to the social/cultural/political: what is this experience like as it happens? And third, there is a hermeneutic mystery, linked to the symbolic: what does it mean that this is happening? Though a madness narrative can engage all of these mysteries, most show that their use of madness functions to enable one form of plot over the others.

Male madness narratives involving war gravitate toward the second pattern, the existential and experiential. As Samuel Hynes writes in *The Soldiers’ Tale*, most war narratives are more concerned with “what happened and how it felt” than with “why,” a question soldiers are not prone to asking; as Hynes puts it, “*Why* is the momentum behind the narratives, but it isn’t the story” (11-2). “Why” is about the temporal, causal chain of events, but male madness narratives take that chain for granted. Private Everett Qualls or Yossarian or John Wade: these characters from the fiction of William March, Joseph Heller, and Tim O’Brien are clearly driven to their various psychological states by the wars in which they participate. Although there are still details to explain, particular traumatic horrors folded into the pages of each story, etiology is absolved by sheer exogenous obviousness (the answer is war!), and these narratives instead offer plots that attempt to show “what happened and how it felt.”

A plot that engages with the existential, experiential aspect of madness can do so in a number of ways. To return to an earlier point, though, there is a tension between the nature of that mad experience and its ability to be communicated. This is why, Keitel argues, writers who attempt to represent psychosis are “forced to make innovations of literary form” to convey beyond the limits of verbalization (2-3). In *Trauma Fiction*, Anne Whitehead writes similarly about such texts “bringing conventional narrative techniques to their limit” and “testing formal boundaries” (82). Conveying the impact of a damage beyond words may well require some innovative formal strategies. However, Keitel also makes the point that these innovations toe a fine line: too unusual and the plot becomes unreadable and thus unsuccessful (3), a point echoed by Gail Hornstein regarding Zelda Fitzgerald’s not-*too*-modernist form in *Save Me the Waltz* (10). Formal innovations, then, are more (overtly) possible in male madness narratives. With a combat causality both self-evident and legitimizing, male madness narratives can warp their form to shape plots that represent the madness induced by the trauma of war.

As I have said, there are other manifestations of the mad male protagonist besides a soldier, just as there are war stories that do not rely on formal experimentation to convey the sometimes-traumatizing experience of that war.¹³⁹ However, the pattern of the mad soldier whose madness is expressed through form as much as story is a strong and persistent one.¹⁴⁰ *How* these madness narratives are told is as important as what they tell.

¹³⁹These more conventional war narratives are numerous. I name the works of Thomas Boyd, Norman Mailer, James Webb, and David Zimmerman as samples of un-experimental war novels of the last century.

¹⁴⁰I recognize that this assertion runs the risk of collapsing psychiatric and literary history; the Great War falls within the episteme of shell shock *and* the epoch of modernism, and so-called traumatic narratives may be manifesting post-modern formal features for literary reasons alone. On this relationship of either similarity or connection between historically specific symptoms and literary features of rupture or disorientation, see Becker, Higonnet (92), Vernon (9-13), and Jason (xi).

In the following sections, I will analyze four twentieth-century American war novels to see how their rendering of male madness relies on formal experimentation across the eras of vogue diagnoses. Whitehead argues that novelists attempting to represent the impact of trauma often mimic its forms and symptoms to do so, via collapse of temporality and chronology, the use of repetition and indirection, and a fragmented narrative voice (3).¹⁴¹ These formal qualities have been noted by disability scholars as well. Valerie Raoul suggests that, though narratives of illness sometimes provide coherence and wholeness, it is as likely that “an existence interrupted or disrupted by disease, disability, or trauma may be conveyed narratively by an aesthetic structure that reflects the fragmentation and patching together of a broken life” (28). While it is not the case that disability (including madness) need necessarily cause a “broken life,” it is true that ruptures (including madness and its sometime subcategory, trauma) raise particular aesthetic challenges and summon particular strategies. These works by William March, Joseph Heller, Leslie Marmon Silko, and Tim O’Brien all use ruptures and excesses (many of them like Whitehead’s symptomatic list) to convey in form what is hard to put in words alone. Further, they establish themselves within the social/cultural/political model of madness as they combine these ruptures with textual excesses that forestall a tidy narrative solution to deviant minds. The clarity of etiology does not, in these novels, result in a readily assimilated explanation or solution. If the temporal plot and the medical model look for answers, these novels leave experience an open question, resisting an easy other-ness even in those whose experiences are radically different from our own.

¹⁴¹For more on such features, see Freed, who writes that fragmented trauma narratives “require the reconstructive, often imaginative, work of a reader or listener to put together a complete, linear account of key events” (222). Additionally, Whitehead believes trauma fiction is not dependent on the presence or absence of these features and that she “refuses abstractions and remains tied to the specificity of terms, figures, and conceptual movements that differ from text to text” (84) – or in my case, from war to war.

Vogue Diagnoses for War Syndromes

Before I get to the work of these writers, however, it is useful to have a bit more meat on Shephard's skeletal history of "diagnostic eras." In one sense, these eras result from tragic abundance. As Edgar Jones and Simon Wessely write in *Shell Shock to PTSD*, modern war has "advanced psychological understanding because it subjected individuals to intolerable levels of stress in the absence of an acceptable emotional outlet" (18). Such advances are hard-won and costly. Coleman names the price: "the chances of becoming a psychiatric casualty [in the twentieth century] were greater than the chances of being killed by enemy fire" (2). This being a literary study, I will not linger over military psychiatric history.¹⁴² However, an overview of America's major combats and their attendant diagnoses is useful. Though the wars fit within the epistemes described in chapter I (the eugenic, the psychodynamic, and the neurological), the history of war syndromes is unified by the fact of combat. That said, the epistemes clearly retain influence. Frederick Mott's *War Neuroses and Shell Shock* (1919) shows a clear eugenic bias in its assertion that "A soldier who has an inborn or acquired emotivity will sooner or later suffer with a psychic neurosis" (29).¹⁴³ Further, psychodynamic thought gained credibility in the popular and medical discourses during and after World War II, as we see in Abram Kardiner's *War Stress and Neurotic Illness* (1947), which includes a chapter called "Psychodynamics." Nevertheless, the diagnoses of these wars share an

¹⁴²For a more detailed examination of treatments used by military psychiatrists in each war, from hypnosis to insulin coma to occupational therapy, see Shephard's *A War of Nerves*, Jones and Wessely's *Shell Shock to PTSD*, Coleman's *Flashback*, Marlow's *Psychological and Psychosocial Consequences of Combat* and the "Traumatic Neuroses of War" section from Herman's *Trauma and Recovery* (20-8).

¹⁴³Eugenic thinking was in some ways furthered by WWI; see Egnhigian on the perceived need for eugenic intervention in a time of catastrophe (229) and Whitaker on the increased drive following the loss of so many of "the best boys" (52-4). We see this epistemic influence in fiction too, especially Virginia Woolf's *Mrs. Dalloway*, wherein the specialist Dr. Bradshaw considers the "nerve cases" with their "unsocial impulses, bred more than anything by the lack of good blood" (102).

emphasis on the damage caused by psychic trauma. Though diagnoses come in and out of vogue, the external causality of soldiers' madness is rarely in question.

We begin with the Great War and its traumatic headliner. Though never precisely defined, shell shock's symptoms include "nightmares, jumpiness, [and] a variety of somatic symptoms such as palpitations, chest pain, tremor, joint and muscle pains, loss of voice or hearing and functional paralysis" (Jones and Wessely 23). Aside from the initial question of whether shell shock was real or a form of either cowardice or malingering,¹⁴⁴ two central discussions surrounded this vogue diagnosis: first, was shell shock somatic in origin (as its now-metaphorical name once implied) or psychological?¹⁴⁵ And second, was this condition a result of bad breeding or weak character, or could it happen to anyone? Accepting war trauma as real, psychological, and indiscriminating took time. Though nineteenth-century ideas about hereditary weakness and hysteria remained, shell shock gradually forced the concession that it affected not only "poorly trained conscripts of inferior stock but could also affect regular soldiers who had served with distinction" (Jones and Wessely 52). It could also affect officers, which was a significant factor in its legitimacy; the performance- and class-based evidence shell shock provided against hereditary ideas of fitness is reiterated by Busfield (216), Hale (*Rise* 14-9), and Coleman, who uses the breakdown of the inarguably well-bred Siegfried Sassoon as an example of war trauma's indifference to background (36-7). Others maintain that the illness was

¹⁴⁴For more on shell shock as the medical alternative to the judicial label of cowardice (for which soldiers could be shot), see Hunt (123) and Leed (169). For a description of the gradual acceptance of war neuroses as "real," see Barker's "Malingering."

¹⁴⁵On this historical debate, see Eghigian (233), Jones and Wessely (2), and Herman, who writes that "The name stuck, even though it soon became clear that the syndrome could be found in soldiers who had not been exposed to any physical trauma" and military psychiatrists "were forced to acknowledge that psychological trauma was to blame" (20). See also Shepard, who offers the statistics that only 4-10% of cases were commotional (i.e., with physical causes), the rest emotional in origin (54). On the different kinds of stories that underlie all of these discussions, see Talbot (445).

legitimated by the disparity of this war from any prior. Pointing to the unprecedented alienation of combatants from “the modes of destruction,” Eric Leed argues that modernity created shell shock (164, 180). The term itself was still contended, and indeed forbidden amongst British physicians by 1918 (Shephard 55).¹⁴⁶ Even if the (relative) brevity of America’s involvement in the Great War prevented shell shock from being a major national discussion as it was in Britain (though individual soldiers were affected), the United States military paid heed to the experiences of the Allies. When the next war came, the nation had models of prevention and treatment to draw from.

Yet, twenty years later, it was not a simple reapplication of previously learned lessons. In part this was due to the fact that the relationship between psychiatry and the military needed rebuilding, but also because the Second World War brought different circumstances, being both more intermittent and geographically diverse than the First. Jones and Wessely identify the two main ideas influencing WWII-era military psychiatry as the prevention of neurosis and (and largely *through*) the proper selection of fit soldiers (65).¹⁴⁷ Relying on troops who were motivated and showed no indications of what Mott called “emotivity” should have reduced psychiatric casualties. Despite these best efforts,¹⁴⁸ the incidence of psychiatric breakdown in the US Army was two to three times

¹⁴⁶Though the literal meaning of the diagnosis was discredited, no other label stuck; Binnevald names “trench neurosis,” gas neurosis” and “Not Yet Diagnosed Nerves” as three that didn’t catch on (86-7, 142).

¹⁴⁷On the preventive or screening measures undertaken by U.S. military psychiatrists, see Shephard (197-203); Hale (188); Grob, who points out some of the failures of screening based on race and class biases (193-4); and Jones and Wessely, who note that, despite its “overoptimistic claims,” at the very least the process proved good at identifying which recruits would be unable to complete basic training (101-14).

¹⁴⁸No matter how good the efforts were, they always shared the goal of returning a soldier to combat, which creates tension; see Jones and Wessely (99), Lifton (167), and Herman (26). This tension is satirized in Gustav Hasford’s *The Phantom Bloop* (1990): “The job of a military psychiatrist [is to tell you] that you owe it to yourself to hurry back to the war with a positive attitude and slaughter people you don’t even know, because if you don’t, you’re crazy” (188).

higher for WWII than WWI, and fewer than 30% of these combat casualties were returned to their units (Shephard 327, Jones and Wessely 86). These casualties seem generally to have suffered in less dramatic ways than their shell-shocked forebears; Binnevald names restlessness, irritation, apathy, and nightmares as common symptoms (94), and Marlow adds palpitations and problems with memory (59). If the vogue diagnosis of the Great War was named for a terrifying new missile technology, that of World War II was named largely for its most effective treatment. Psychologically injured soldiers were often prescribed brief rest, and thus their ailment came to be referred to as “exhaustion” or, more commonly, battle fatigue.¹⁴⁹ The idea of fatigue suggests the gradual move away from the stigma associated with the “weakness” of breaking down and a recognition that, as an official Army slogan of the time put it, “Every Man Has His Breaking Point” (qtd. in Marlow 54).¹⁵⁰ Perhaps the best indication that the erasure of stigma is closely tied to the clarity of external etiology can be found Kardiner’s *War Stress and Neurotic Illness*: “The traumatic neurosis is the simplest of all neuroses,” he writes; it is “the record of the lasting consequences of an abrupt change in the external environment to which the resources of the individual are unequal” (343). Trauma is about “external environment,” and more than that, it is “simple.” The experience of soldiers of WWII solidified the syllogism that war is traumatic, trauma causes madness, and therefore, war – and not an individual failing – causes madness.

¹⁴⁹Hunt suggests that these terms were chosen with the paired goals of neutrality and reducing the stigma associated with war neurosis (25). See also Shephard (216-7) on the work of Dr. Frederick Hanson, who showed that physical fatigue lowered resistance to emotional strain.

¹⁵⁰For more on the cultural impact of this idea, see Herman (25) and Binnevald (95-101). For a fictional example, see Salinger’s story “For Esmé – with Love and Squalor” (1953), in which the narrator is “a man who had not come through the war with all his faculties intact” (104), unable to concentrate, read, or keep his face from twitching; yet the story ends with the idea that, given time and rest, his “faculties” will return.

In the interlude after the Second World War, many things happened. One of them was America's oft-overlooked military action, the Korean War. I have two reasons for not discussing this action in more detail. First, it did not involve significant changes in military psychiatry, retaining the diagnosis of combat fatigue.¹⁵¹ Second, it inspired few novels and fewer madness narratives.¹⁵² More important are the stateside developments in psychiatry. As I described in chapter I, the end of WWII heralded the golden age of psychodynamic thinking in America. Shephard notes not only the need for psychiatrists during the war, but also the dramatic cures and publicity machine (headed by Will Menninger) using that wartime psychiatry to appeal to society's wider hopes and fears (333). The result of this concurrence of supply, publicity, and relevance was a surge in the popularity and availability of psychodynamic psychiatry, as has been widely noted (Hale *Freud* 184, Appignanesi 303, Grob 191).¹⁵³ During the Eisenhower years, the United States was second to none in its lavish treatment and lofty goals regarding mental health; as Shephard puts it, "never in history had the belief that human problems could be solved by throwing money at them been so combined with the money to do it with" (329). It is in part because of this broad therapeutic culture that novels about madness and war continued to be popular long after WWII ended.

¹⁵¹For further, and sometimes varying, accounts of psychiatry in Korea, see Shephard (342) and Jones and Wessely (121-7); see also Coleman, who emphasizes the instrumental work of Albert Glass, who, among other writings about combat trauma, proposed the rotation system which became such a factor in soldiers' experience in Vietnam and created the "short-timer" from which Hasford took his first novel's title (55-7).

¹⁵²One fiction that shows the connection of war and insanity in Korea is Richard Hooker's novel *MASH* (1968). One of the incidents in this episodic novel is Hawkeye Pierce's impersonation of madness, sending him into emergency psychiatric care in Seoul. This episode ends with Major Haskell admitting that, though Hawkeye might not have schizophrenia like he thought, "I still don't think you're normal," to which Hawkeye responds "I ain't. Normal people go crazy in this place" (152).

¹⁵³This claim has also been disputed; Edward Shorter offers the counter-opinion that the Great War went further than WWII toward "public acceptance of psychoanalysis, perhaps because Freud's views of the death instinct and aggression seemed to illuminate the war's awesome irrationality" (*History* 157).

Such belated novels as *Catch-22* and *Slaughterhouse-Five* were also popular because another war soon gave them new relevance. The Vietnam War (sometimes, and perhaps more accurately, called the American War in Vietnam) has been blamed for a host of changes in both psychiatry and American culture. Tom Engelhardt sees this war as the end of one kind of victorious nationalism, especially as the images from that war made U.S. soldiers look less like the heroes who defeated the Nazis and more like, well, Nazis (221-5). Yet, psychiatrically speaking, the war began simply enough. Given the proven uselessness of preventive screening, Shephard claims, as well as recruiting challenges, psychiatric standards were relaxed, but it didn't seem to matter: the war, which we now see as archetypically damaging, initially had the lowest incidence of psychiatric illness of any modern conflict (340-4).¹⁵⁴ Indeed, in the midst of the Vietnam War, the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* was released without including any diagnoses that related specifically to combat (Coleman 88, Shay *Achilles* 204). It wasn't until years later that Vietnam's vogue diagnosis of Post-Traumatic Stress Disorder would be codified, in 1980, in the *DSM-III*. It is possible to see this evolution in diagnosis connecting to similar changes in culture. As Jones and Wessely note, many claim that "the Vietnam conflict had, by virtue of its particular characteristics, a unique propensity to cause psychiatric disorder over and above the normal expected consequences of modern warfare" (though Eric Leed argues the same about the Great War); these "particular characteristics" are often the same things that Engelhardt deems so disillusioning, such as the war's tendency toward

¹⁵⁴On the hidden complexities of this statistic, see Shay's discussion of the tour of duty system, meant to rule out trauma on an administrative technicality (*Achilles* 203-4) and Shephard's discussion of masking strategies such as character disorder and dishonorable discharge (350-1). See also Marlow, who names some alternate diagnoses used, including "acute situational maladjustment," which is darkly hilarious (86).

atrocities (129).¹⁵⁵ These characteristics may not, in fact, be particular to Vietnam, but they have been culturally perceived so.¹⁵⁶ The war *seemed* different, and this difference seemed also to have different psychiatric effects. Through the eventual diagnosis of Post-Traumatic Stress Disorder, the Vietnam War contributed to the creation not only of a new medical label but also an advocacy of trauma as a causative psychiatric force.

What happened to change the popular mind and establish not only a new vogue diagnosis, but also a pervasive cultural framework for distress? Shephard names the following elements in that sea change: “the acrid political aftermath of a lost war; the politics of veterans’ affairs; a revolution in American psychiatry; and the legacy of the Nazi Holocaust” (355).¹⁵⁷ The “revolution in American psychiatry” to which he refers is the writing of the *DSM-III*. Given the absence of any combat diagnosis in the 1968 edition, veterans’ groups and others exerted pressure for the invention of such a category largely based on the experience of those veterans in the years since the war ended. The result, Post-Traumatic Stress Disorder, is generally classified as an anxiety disorder based on diagnostic criteria such as the presence of a recognizable stressor in the patient’s life, the recurrence of certain symptoms (such as intrusive recollections), an increased sense of numbness toward the world, and other symptoms such as sleep disorder or guilt

¹⁵⁵Robert Lifton, one of the big names in the theory of trauma, coined the phrase “atrocities-producing situation” to describe Vietnam (65); see also Ryan (33). Finally, see Ruth Leys on how the broad brush of trauma can eliminate differences between victims of combat or guilt-ridden perpetrators of atrocities, a troubling erasure of boundaries that creates skepticism about the validity of traumatic etiology (7-8).

¹⁵⁶On this perception see Shephard (370-1) and Jones and Wessley (131-2). It is also revealed in fiction; in Tim O’Brien’s *Going After Cacciato*, one character declares: “It pisses me off to hear everybody say how special Nam is, how it’s a big aberration in the history of American wars – how for the soldier it’s something different from Korea or World War Two. Follow me? I’m saying that the feel of the war is the same in Nam or Okinawa – the emotions are the same, the same fundamental stuff is seen and remembered. That’s what I’m saying” (196-7).

¹⁵⁷These factors are echoed, with slightly different emphases, by Herman (47), Jones and Wessley (129-30), Binnevald (203) and Shorter (*History* 303-4).

(Friedman 4). Following the publication of Judith Herman's seminal work of trauma theory, *Trauma and Recovery* (which draws from the experiences of both soldiers and abused women), PTSD has also been defined as a disorder of memory.¹⁵⁸ When certain events exceed one's capacity, the theory goes, the mind dissociates, resulting later in symptoms such as flashbacks, nightmares, hypervigilance, depression, or violence (Leys 2). Which events qualify has been a point of contention, but combat experience is rarely excluded from the list.¹⁵⁹ The syllogistic trifecta of war, trauma, and madness is a cornerstone of an etiological philosophy developing throughout the twentieth century but culminating in the after-years of Vietnam.

It may seem disingenuous to conclude with the Vietnam War, especially as America's incursion in Afghanistan enters its eleventh year. Though I do so conclude, it is for the same reasons I skim Korea. There have not yet been many novels inspired by American military actions in the Middle East, nor has there been a substantial shift in the diagnostic vogue. Neither Gulf War Syndrome (discussed as a potential "epidemic" by Showalter in *Hystories*) nor the growing body of data on Traumatic Brain Injury (a physiological, neurological injury resulting in symptoms that appear psychological, thus reigniting the non-metaphorical possibilities of "shell shock"¹⁶⁰) have come close to supplanting PTSD in either common parlance or literary imagination. Jones and Wessely

¹⁵⁸On memory as a new feature in the PTSD vogue, see Shephard (389). On the extent to which Herman's work has permeated this discourse, see the "Evidence" chapters of O'Brien's *In the Lake of the Woods*, which quote liberally from *Trauma and Recovery* as well as other real and fictional sources. But then, the feeling is mutual, as Herman herself quotes O'Brien's work as she describes trauma (38, 53).

¹⁵⁹This is especially true if we accept Herman's definition that traumatic events "generally involve threats to life or bodily integrity, or a close personal encounter with violence and death" (33). For more on the controversy about "what events are traumatogenic," that is to say outside or overwhelming our usual range of experience, see Anne Hunsaker Hawkins ("Writing" 119); see also Eghigian (402).

¹⁶⁰For more on Traumatic Brain Injury, see Askari et al and Bhattacharjee.

propose that the diagnosis may owe its broad popularity to its causal clarity: “Saying someone has depression or schizophrenia is a statement about their symptoms, prognosis, and likely treatment response, but not the cause. PTSD is the exception. The name itself reveals the aetiology: Trauma” (185).¹⁶¹ For whatever reason, trauma remains dominant in our understanding the madness caused by war.

Tim O’Brien has said in an interview: “We like to think our own war is special: especially horrible, especially insane, especially formless. But we need a more historical and compassionate perspective” (qtd. in Baughum 156-7). Once again we arrive at the tension between each war and all war, between experiences that are different and those that are the same. O’Brien finds it not only historically accurate, but *compassionate* to recognize that all wars have more in common than each war has separately. To recognize this compassionate continuity while still acknowledging what Baker et al call the “pluralities” existing even within a single moment is one of the goals of this chapter, and of mad studies in general. There may be, as Jones and Wessely write, “no single way for human beings to respond to the terrifying events of war” (208), but these events are powerfully influential nonetheless. In *Company K*, William March expresses this balance of plurality and singularity in the sentence: “no two men react alike, and no one man comes through the experience unchanged” (128). One man, two men, all men, everyone: we all exist on a continuum of distress, and regardless of the historical and cultural particularities of our epistemes, we all deserve compassion for our ruptured lives.

¹⁶¹Borch-Jacobsen similarly comments on the causative appeal: “it is this very idea of direct causality that makes the notion of psychic trauma so attractive to therapists and patients alike: in an area where complexities and uncertainty abound, the traumatic etiology of the neuroses has the advantage of procuring the same kind of simple and robust explanation as medicine. What could be more intellectually satisfying than knowing that a discrete, datable event is responsible for my anxiety[?]” (19). Jones and Wessely would gain his approval, I’m sure, as they go on to note that “in reality, PTSD is like all other psychiatric diagnoses; its origins are multifactorial, a blend of genes, upbringing, support, and so on” (186).

**The Great War: Ruptured and Excessive Speech in William March's
*Company K***

“What’s the matter? You sick?”

“Yes.”

“Everybody’s sick. I’m sick too.” (Ernest Hemingway, *The Sun Also Rises*)

The shell-shocked soldier was more than just tragically wounded. In the above epigraph, Jake Barnes assents to his diagnosis as “sick” in one word. His interlocutor outpaces him by ten because Jake tacitly agrees to Brett Ashley’s (later) plea to “never talk about it” (267). *The Sun Also Rises* (1926) is not really a madness narrative, and Jake, though reticent, is not obviously symptomatic. Yet his bodily wound – itself a kind of present absence – is mirrored in his linguistic brevity.¹⁶² As Shephard writes: “we must see the shell-shocked soldier not simply as a victim, silently suffering [...] but as an agent, using his medical symptoms as a weapon of resistance to military authority” (xxi).¹⁶³ By saying so little, Jake tells readers a lot. In narratives of the Great War, madness is a tool of communication, albeit fractured and sometimes incomprehensible communication. In 1916, British psychiatrist C. S. Myers hypothesized that some symptoms, such as amnesia, partial paralysis, or mutism, were unconscious acts of expression (Jones and Wessely 24). Since then this idea has been part of our reception of shell shock. What is this soldier telling us without telling? How is he taking us into his

¹⁶²On the absent/present tension Jake’s wound-as-physiological-lack, see Adrian Bond (67); more generally on Hemingway’s strategy of emphasis by omission, see Alex Vernon (63).

¹⁶³For more on shell shock as resistance (sometimes resulting in dishonorable discharge), see Showalter (*Malady* 170). For fictional examples of madness as resistance, see Hicks in Boyd’s *Through the Wheat* (203-4) and Chrisfield in Dos Passos’s *Three Soldiers* (250). The implied resistance to authority is still attached to the shell-shocked veterans appearing a generation later in Ralph Ellison’s *Invisible Man*; in this novel, the narrator thinks: “Sometimes it appeared as though they played some vast and complicated game with me and the rest of the school folk, a game whose goal was laughter and whose rules and subtleties I could never grasp” (74). For more on Ellison’s use of a veteran as a mad minor character, see Chapter I.

mind without opening his mouth? What is communicated around words, as well as with them? Of the many formal strategies that trauma inspires in male madness narratives, the ruptures and excesses of speech are the most important to William March's *Company K* (1933).¹⁶⁴ This novel features a narrative voice that is literally fragmented into dozens of narrators, giving a reader deliberately excessive access to the experience of and response to the events of war that can change someone's life – and mind – forever.

Since the Great War involved strides in weapons technology (including those name-lending shells), it also involved an abundance of wounds. If madness narratives are somewhat rarer in this era, it is likely because the narratives of physical injury are so prevalent. As Dalton Trumbo puts it in his cynical, apotheosis-of-injury anti-war novel *Johnny Got His Gun* (1939), “The war had been a wonderful thing for the doctors,” giving them lots of bodies to try to fix up and lots of new methods with which to do so (85-6).¹⁶⁵ Physical or mental, when injury is the focus of a war novel, it works as Mitchell and Snyder have said: it requires a story. For the external world, the answer is an external cause: war. Rarely do outsiders wish to go further. Yet according to trauma theorists, going further is the only way to heal from these wounds. In her discussion of Virginia Woolf's shell-shocked Septimus Smith, Karen DeMeester praises Woolf for accurately reflecting the experience of trauma, including the need its victims have “to give meaning to their suffering in order to recover. [...] Septimus's death is the result of his inability to communicate his experiences to others and thereby give those experiences

¹⁶⁴The publication date on this novel may seem a bit late (14 years after the end of the war), but each of the wars show a similar lag in the bulk of publication; see Tal (“Speaking” 248), Leed (191-2) and Hunt (105)

¹⁶⁵Trumbo's blind, deaf, armless, legless, and lower-jawless protagonist Joe Bonham often thinks about insanity (sometimes using it as a metaphor for his isolation), but as a contrast to his excessively physical injuries. For other Great War writings emphasizing physical damage, see *Sun Also Rises*, Faulkner's *Soldier's Pay* (1926) and the Walter Webster, Leslie Jourdan, and Theodore Irvine sections of *Company K*.

meaning and purpose” (649). According to DeMeester, this is the problem that trauma victims (retrospectively epitomized by sufferers of shell shock) grapple with most: how to give meaning to experience through communication once the war is over. Their mental injury needs to be expressed, their rupture conveyed, or the meaninglessness and purposelessness of their experience may drive them into permanent madness or suicide.

Both of these possibilities are present in *Company K*. So are many others. March chooses an episodic structure in part to be able to present the pluralities of experience that a single first-person or even omniscient narrator cannot. A novel with 113 narrators, *Company K* creates rupture and excess simultaneously in its use of what critic D. A. Boxwell calls a series of “microfictions,” usually between one and three pages long (334). These microfictions are the key formal experiment chosen by William March (real name William Edward Campbell) to represent the experience of the war in which he fought.¹⁶⁶ Their fragmentary nature is a strategy to communicate realities that stymie ordinary words and structures. They are roughly linear: the microfictions narrate first the events of training for war and arriving in Europe, then shift from buoyant high spirits to bitter experience, dying (sometimes), and dealing with the aftermath of the war in various ways. But linearity is not the point. Boxwell finds these microfictions compelling not only because they are themselves disjunctive, but because they invite non-sequential reading that uncover different relationships between characters, between past and present, and sometimes, between versions of the truth, in a way that he says anticipates “what we now call ‘the *Rashomon* effect’” (334). A collective, multiple narrative suggests that any single person’s version of reality is not necessarily the whole truth, and further, that

¹⁶⁶For more on March’s service record (in Company F of the United States Marines) and his lifelong psychiatric struggles, see Simmons (12-20, 23, 215-8).

perfect objectivity is a Platonic dream. Both madness and war are natural spokethemes for this possibility. There is no objective sanity, and no objective war. The cumulative effect of March's experiment with a collective or plural narrative voice reveals the far-reaching psychological damage of wartime trauma beyond any individual episode.

Though March's novel was widely and positively reviewed at its debut, at the time of this writing, its most recent reissue has been out of print for twenty years. Yet when March is mentioned, it is usually with an appeal to revive critical interest in his writing, as well as with favorable comparisons of *Company K* to later, better-known war fictions.¹⁶⁷ Often these appeals refer to an affecting episode in which we read the dying thoughts of the Unknown Soldier. This famously voiceless (faceless, nationless) figure uses his last moments to throw his ID tags away in order to avoid being made into posthumous propaganda, thinking: "I want to be buried where nobody will ever find me. – I want to be wiped out completely. [...] Nobody will ever use me as a symbol. Nobody will ever tell lies over my dead body now!" (March 90) Giving voice to those who have been ascribed meaning by others is a key aspect of madness narratives; it is also, sometimes, a very moving moment in a war novel. Whether the soldiers are Unknown or known, *Company K* attempts to make them un-symbolic by breaking their silence. This is a novel bent on excessive, proliferate speech, staging in its very form the multiplicity of minds and meanings involved in the seemingly unknowable experience of war.

Choosing a sample of March's microfictions to represent the whole novel is tricky, seeming almost to defy March's plural insistence. However, there are clear trends

¹⁶⁷Phillip D. Beidler's introduction to the 1989 reissue compares *Company K* at length to Heller's *Catch-22*, especially in its flexible temporality and central ("primal") scene of violence with deep symbolic importance (qtd. in Trout 280-8). D. A. Boxwell, on the other hand, calls it "a harbinger of much post-Vietnam writing" and compares March to Tim O'Brien (334, 338).

within that plurality. The damages of war – physical, emotional, mental – are not isolated to a few characters. One of March’s few (comparatively) contemporary critics, Roy Simmons, offers this estimate: “Just over one-third of the 132 named characters in the book are either wounded, killed, commit suicide, or suffer mental breakdowns of varying severity” (72). Curiously, Simmons sees this ratio as a misstep on March’s part rather than an integral element of the novel’s form and content; he writes – either with rose-tinted glasses or a kind of pragmatism that makes no sense to me – that “the war could not have been – indeed, surely was not – so consistently intense and dark an experience for the overwhelming majority of the marines in France as it is shown to be in this book” (72). Whether or not this is true I cannot say. I was not in France in 1918, and neither was Simmons. And even if we had been, neither he nor I could have been anyone but ourselves; we could not have been everyone. This is an essential point to grasp about *Company K*. Its excessive speech from an excessive number of narrators is a formal experiment to show the variety of responses to war, but also the widespread frequency of trauma within that variety.

Focusing my attention in this section on a handful of microfictions is necessary for reasons of length. It is also, I think, statistically justified given the widespread impact of war on March’s many narrators. Some sections of *Company K* focus explicitly on symptomatic responses to the trauma of war. Private Christian Geils, for example, gets shot because, much as he wants to stand still and comprehends the threat if he doesn’t, he cannot stop himself from running away. The only explanation he gives to his superiors for his impulse (and, implicitly, for his resulting death) is “I can’t stand it any longer” (March 36). Then there is Private Leslie Westmore, who listens to an inner voice that

tells him “nobody could blame you if you went blind” (48), and successfully wills himself into the physical complaint that can stop him from facing more serious threats. Westmore exemplifies what some historians have called the functional or adaptational element of shell shock; as a communicative act, willed blindness achieves the desired end. It is a milder manifestation of distress provided by the mind (literally, in Westmore’s case, through that inner voice) to alter a situation that could result in far worse distress. This strategy can backfire, though, as we see in the microfiction of Private Howard Virtue, who reports choosing, after a week of constant bombardment with shells, to “fool” the doctors with a “ruse” of madness; “my life is too valuable to be wasted on the battle-field,” Virtue reports thinking (121). However, this story is narrated years after the event. Virtue has been committed to a “madhouse,” seemingly permanently, as a result of his (he says) charade. Given Virtue’s language about spreading the gospel, completing his destiny, and rivers of blood, it is hard to say that his madness is still “adaptational.” March leaves it unclear, however, whether Virtue’s delusions were always there and his “ruse” a false memory, or whether it is his hospitalization and treatment that have turned a strategy into a reality.

Geils, Westmore, and Virtue are three of the soldiers in *Company K* who manifest specific, recognizable symptoms of shell shock. But I will not spend more time than this with them, because there are other narrators whose stories provide deeper insight into the widely traumatizing effect of war beyond that vogue diagnosis. The microfictions of Private Joseph Delaney, Private Everett Qualls, Private Manuel Burt, and all those who deal with the episode of the execution of German prisoners all offer readers a formally enabled experience of the width and depth of trauma’s influence. Through a ruptured

structure and an excess of narrative voices, March communicates individual experience on the collective – on the *continuous* – level.

The novel opens with an introduction from Private Joseph Delaney. Delaney narrates his reflections on “my book,” which he says he began while thinking about his own company but he now envisions as “a record of every company in every army. [...] With different names and different settings, the men of whom I have written could, as easily, be French, German, English or Russian for that matter” (March 7). The aspirations for the collective voice are to build a collectivity beyond the boundaries of nation, language, or even history. According to Delaney, the experiences of all soldiers are similar enough that this particular record could represent all nations. Allies and enemies alike experienced events like these. The implied political stakes of this claim are to blur the boundaries between the sides of the war as well as between individual soldiers, to show that war is horrific and absurd for *everyone* who fights in it. Delaney sees the shared experience *of* rupture overcoming the ruptures of ethnic and linguistic divisions.

Erasing boundaries and ending silence, the collective voice to which Delaney aspires aims to end war. Delaney thinks a formal experiment might be able to end this horror and absurdity by finally revealing it truly. We see as much when he wishes for an even more innovative form than *Company K* already has:

I wish there were some way to take these stories and pin them to a huge wheel, each story hung on a peg until the circle was completed. Then I would like to spin the wheel, faster and faster, until the things of which I have written took life and were recreated, and became part of the wheel, flowing toward each other, and into each other; blurring, and then blending together into a composite whole, an unending circle of pain... That would be the picture of war. And the sound that the wheel made, and the sound that the men themselves made as they laughed, cried, cursed or prayed, would be, against the falling of walls, the rushing of bullets, the exploding of shells, the sound that war, itself, makes.... (7-8)

This can be seen as an instruction for the reader: imagine these stories spinning, flowing together, blurring into the composite “unending circle of pain.” The microfictions privilege each individual in turn, breaking his silence, giving an idea of “what’s going on in their minds,” to reiterate Private Pullman’s words.¹⁶⁸ Yet they also draw attention away from any specific individual toward a group experience of walls, bullets, and shells. Joseph Delaney has these wishes for “his” creation, looking for a writerly strategy that could echo the wheel-of-stories and give the “picture” and “the sound [of] war, itself.”

But, of course, Delaney as a character *is* such a strategy, on March’s part. He reflects on the form of “his book,” but he is not responsible for *Company K*. Even within the fiction of Delaney-as-author, it is unclear how much responsibility he claims for these microfictions, as collector, interrogator, or imaginer. Further, as Boxwell notes, the introduction opens a frame that is never closed (336). If we are meant to believe Delaney the begetter of these tales, we might expect a final word from the man who has thought so much about their assemblage. But the book ends with Private Sam Ziegler visiting their old training camp and remembering very little about it. Delaney never returns as a speaker. Whether by oversight, apathy, or intention, this introduces a level of tension into a narrative structure already built on fragmentation. The excess of other voices crowds out the initial control of the “writer.” Even if readers don’t notice this unclosed frame consciously, Ziegler’s final words that he is “sorry that I had come to the camp at all” still conclude the story on a note of irresolution (March 132). The unending circle Delaney

¹⁶⁸This central problem of consciousness – how can we know what is in someone else’s mind? – is further explored in the episode wherein Private Edward Carter bayonets Lieutenant Archibald Smith to death because he believes Smith is overworking him and he sees no other way out of the situation (44-6). Hearing the tale both from the murderer and the murdered man allows us to see that “what happens” depends deeply on whose perspective it is happening through, and that there is no action that could not be comprehensible if we could fully enter the thoughts and feelings of the actor.

strives for does end, and it does so recognizing that even a novel of proliferating perspectives must at some point face absence, silence, and things one is sorry for.

Company K offers many examples of the alienation and inhumanity wrought by war. One soldier reports that he thinks of his rifle targets as dolls, and it is “hard to believe that anything as small as that could feel pain or sorrow” (March 23); another episode shows two soldiers eating the blood-soaked bread they find on a corpse because they don’t want to waste the food (27). But the central traumatic action unifying much of the book is the mass execution of a group of German prisoners, by a squad of soldiers firing into a ravine. Long before its appearance, Delaney hesitates over this scene, saying that his wife has asked him not to include it. She tells him it is “cruel and unjust” and probably atypical: “It couldn’t have happened often” (8). According to Simmons, Mrs. Delaney’s response was shared by many of March’s readers, who also found this atrocity too much to believe (74); given the images we see daily in news media, let alone fiction, this response almost makes one nostalgic for a culture not yet so saturated with trauma that nothing is too much to believe. Mrs. Delaney’s aversion to the execution scene is partly based on its intimacy: seeing the people you destroy is somehow worse than killing from afar (when readers, too, can think of the dead as dolls). Whether Mrs. Delaney is right or wrong about the frequency of such events during the Great War, her (fictional) reader’s response shows the crucial fact of the scene: it *is* cruel, and that cruelty causes it to have profound impact on the men who performed it. It does not take new technologies like shells to inspire war syndromes. Something much simpler can cause lifelong distress.

The collective voice allows the full significance of the execution to sink in. If only one member of the company spoke of this event, it would be shocking but not

lasting. It would be one of many microfictions reporting something unpleasant, something Mrs. Delaney might not like but could soon escape. But many of the multiple narrators speak of the execution, making it one of the novel's few unifying threads of plot. And as a plot, it features the existential pattern I outlined earlier. What matters is not why the soldiers were executed, but what the action was like at the time and what its lasting effects have been. The first to narrate the incident does so as it happens. Private Walter Drury ends up deserting and possibly facing 20 years in prison rather than follow this order. When Drury sees the two dozen prisoners, looking at the "fine, yellow fuzz on their faces," "their bare toes protrud[ing] through the crevices in their boots" and notices that many of them are already wounded and unable to stand by themselves (63), the overwhelming reality of their bodies makes the demanded action incomprehensible to him. Drury faces a crisis of conscience: "'Why don't I refuse to do this?' I thought. 'Why don't all of us refuse? If enough of us refuse, what can they do about it?...' Then I saw the truth clearly. 'We're prisoners too: we're all prisoners...'" (64). He throws his rifle down and runs because he has seen the truth that Delaney wants to convey: the boundaries between ally and enemy are arbitrary, and any damage done during war is still damage done to a human being, to a body like your own body. War makes prisoners of everyone in it, whether they are obedient prisoners of conscience, disobedient prisoners of the military police, or dead prisoners from the German front.

Drury's disobedience may send him to prison, but it probably preserves his sanity. Those who remain are shown to experience significant distress. Drury's microfiction is immediately contrasted with that of Private Charles Gordon, who watches Drury go.

Gordon too is struck by the bodily reality of the prisoners; he makes eye contact with one just before the order is given to shoot, then watches and listens to that man's agony:

He bent double, clutched his belly with hands and said "Oh!... Oh!" like a boy who has eaten green plums. Then he raised his hands in the air, and I saw that most of his fingers were shot away and were dripping blood like water running out of a leaky faucet. "Oh!... Oh!" he kept saying in an amazed voice. (65)

From the belly to dripping fingers to the repeated sound, this man becomes indelible. As he "spray[s] the bullets from side to side in accordance with instructions," Gordon realizes that "God is Love" is "the most terrible lie that man ever thought of" (65-6).

Ordered to perform a monstrous act with official approval, Gordon's participation disillusiones him with authority and distances him from humanity's moral ideals. During the execution, something within Gordon's mind changes permanently, and he knows it.

But only later do we see full impact of this execution. The end of the Great War is not the end of the novel, as March goes on to display its aftermath, which Boxwell suggests may be "more traumatic for its survivors than the war itself" (336). We know that the execution will linger in the lives of those who participated in it, because Private Richard Mundy immediately tries to block the event from his mind (by cleaning his rifle) and fails: "I didn't want to think about those prisoners any more, but as I sat there with my squad in the shallow trench, with the rifle parts scattered about me, I couldn't help thinking about them" (March 67). Not wanting to think about it, unable to help it: this is the traumatic dialectic. The excess of narrative voices allows a reader to see that this ruptured dialectic becomes part of the lives of many of these men. What they say and do are profoundly shaped by the action that they "don't want to think about." The horrific event becomes a haunting presence, one that both resists and demands expression.

If expression cannot be found in language, it may take another, sometimes violent, form. I said that madness and suicide are both possibilities in *Company K*; both are shown to result from this central traumatic scene. Private William Nugent, one of the soldiers on that fateful firing squad, ends up awaiting the death penalty himself after committing a murder. “Sure I killed that cop,” Nugent tells the prison chaplain; “I hate cops! Something burns me up and I get dizzy every time I see one. [...] Who the hell are they to make a man do things he don’t want to do?” (105). For Nugent, a police officer is a visual trigger for the traumatic memory of being forced (by another kind of officer) to do something he didn’t want to do. After denouncing cops, Nugent goes on to tell the chaplain the story of the execution, demonstrating a relationship between what it was like to perform that action and what it is like to be Nugent now. The effects have lingered and changed him. His “burning” and “dizziness” are physical manifestations of the haunting power of trauma, caused not by any physical wound, but a life- and self-altering memory.

But worse than Nugent’s story is what happens to Private Everett Qualls. Qualls returns to his farm where he watches his crops fail and his cattle die. When his wife tries to reassure him, he is unable to lift his silence: “I wanted to tell her then, but I didn’t dare do it. I couldn’t tell her a thing of that sort” (111). Even in this (we learn) posthumous microfiction, Qualls finds it hard to express “a thing of that sort.” He not only won’t say it to his wife; he won’t name the “thing” to himself. When his misfortune continues and his son dies, Qualls falls to the ground in grief and his inward silence is suddenly broken:

[T]hat scene I had tried to crush from my mind came back again. I could hear Sergeant Pelton giving the signal to fire and I could see those prisoners falling and rising and falling again. Blood poured from their wounds and they twisted on the ground, as I was twisting now on the floor. (112)

The traumatic memory comes back vividly to all of his senses, as if he is hearing the signal and seeing the blood now for the first time.¹⁶⁹ Qualls remembers one prisoner in particular: a man with brown skin, probably a farmer, just like he is. The collapsed boundaries between self and other, our side and enemy, have propelled Qualls to try to “crush [this scene] from his mind,” but, like the prisoners themselves, it keeps rising again. Having taken the life of people essentially no different from himself, and now suffering (“twisting”) as they suffered, Qualls attempts to atone for his action in kind: he gets his service revolver, puts the barrel in his mouth, and pulls the trigger (112). Though Qualls receives no psychiatric label of a war syndrome, his final suicidal action is the result of a traumatic scene. His logic is warped (he is probably not a victim of divine punishment; even if he were, self-slaughter might not level the heavenly score), but he has been led to such warped logic first by the bloody execution and then by its unspeakability. Driven by painfully present memories, Qualls commits suicide because of what happened to him during the war.

The execution of the German prisoners is the trauma that affects the greatest number of Company K members. But March also depicts the aftermath of something more singular. War trauma can haunt in many forms, a fact that March’s excesses helps underline. The collection of 113 voices suggests the quantity as well as the quality of war traumas, showing how many minds react, sometimes to the same stimuli, sometimes to particular experiences. Private Manuel Burt, for instance, is haunted by an event that happened only to him. In his case, the haunting tendency of trauma is literal, as he is tormented by the ghost of a German soldier. Three years before his narration, Burt got his

¹⁶⁹This fact would appeal to trauma theorists. Whitehead, for instance, emphasizes the power of traumatic events to be more vivid when they recur than when they occur, writing of its “possessive influence,” not only returning but in some ways “experienced for the first time only in its belated repetition” (5).

bayonet stuck in a body, even stepping on the soldier's face as he attempted to pull it out before finally snapping it off the rifle and leaving it. The intensely personal violation of this act, as well as the gruesome bodily sensation of "tugging at the bayonet [while] my foot kept slipping across his face, scraping the flesh away," leave a deep mark on Burt's memory (126). After the war is over, he is no longer able to maintain his state of forgetting about these things. "He'll go away again, if I'm quiet," Burt thinks once he is aware of the dead soldier's presence in his room at night; "I've nothing to reproach myself with" (127). But his own assurance of reproachlessness either does not convince Burt (or the ghost) or simply does not work. The ghost does not "go away again."

If we accept Burt's ghost as real, we see that he drives Burt to distraction, giving him nightmares, causing him to lose his job, forcing him to move apartments. If we don't, then he is Burt's delusion, a symptomatic projection of guilt. Whether Burt is haunted or mad, this microfiction culminates with a confrontation between the ghost and the killer. "Why did you kill me?" the German asks; moreover, why must people kill each other at all? Burt's response runs the gamut of how a traumatized soldier might act and feel:

I lay back on my bed and pressed my pillow over my mouth and beat at the bed with my weak hands. I could feel ice flowing from my heart toward my head and toward my feet. My hands were cold, too, and dripping with sweat, but my lips were parched and clung together. When I could stand it no longer, I jumped out of bed and stood in the dark room trembling, my body pressed against the wall.... "I don't know," I whispered. "I can't answer your questions...."
Then somebody, who was not myself, came into my body and began to shout with my voice, beating upon the door with my hands. "I don't know! I don't know! I don't know!" he said over and over, his voice getting steadily louder. (128)

Freezing, sweating, trembling, beating the door, feeling that someone else is inside his body and speaking through him, Burt has clearly sustained psychological damage. But

most evident in his traumatized response is Burt's struggle in the no-man's-land between speech and silence. He mutes himself with a pillow; his lips cling together; when words do leave his body, they express the absence of expression: "I can't answer;" "I don't know." Whether Burt is whispering or shouting, he cannot end his own silence, only gesture toward it. As part of a collective narrative, Burt's role is to show the presence of the unspeakable even amid a proliferation of speech. There are many truths about war, but none of them answer the questions that survivors like Burt or Qualls must live with.

In an earlier quotation from *Company K*, Private Pullman says that "this silence is worse than shelling." For shell-shocked veterans of the Great War, or any traumatized returning soldiers, both combat and the inability to express its damages contribute to the development of war syndromes. Novels such as *Company K* find ways to show the challenge of expression, sometimes through overt plot points, but more fully in their formal experiments. March's experiment with multiple and non-linear microfictions renders part of the truth about wartime experience by insisting on a plural story that includes many forms of trauma. It also suggests the limitation of any single speaker to tell the whole truth, something that Samuel Hynes would appreciate, since he argues that we should view "the truth of war experience as being the sum of witnesses," a "collective tale" (25). In his collectivity, March includes the dead, the damaged, the distressed; he includes Burt screaming that he has no answers and Qualls unable to live with the guilt of the "thing" he cannot say. Using not only content but form, March communicates the challenge of communicating the experience of war, both for one individual and for a whole Company, leaving readers to wonder if there can be a way out of that unending circle of silence.

**World War II: Ruptured and Excessive Memory in Joseph Heller's *Catch-22*
and Leslie Marmon Silko's *Ceremony***

“They’re not going to send a crazy man out to be killed, are they?”
“Who else will go?” (Joseph Heller, *Catch-22*)

The madness narratives of World War II entered a changed American culture. Not only was the nation experiencing a period of intense and optimistic growth, but so were psychiatry and psychoanalysis. Greg Eghigian calls this era “The Psychoboom” for that reason (369). There was also a boom in war literature and representations of insanity generally.¹⁷⁰ Many of the century’s most memorable madness films and fictions were created after the Second World War: for example, Johnson’s *The Three Faces of Eve* (1957), Hitchcock’s *Psycho* (1960), Vonnegut’s *Slaughterhouse-Five* (1969), Plath’s *The Bell Jar* (1963), and Kesey’s *One Flew Over the Cuckoo’s Nest*. (1963). (If we need proof of the disability studies tenet that representations have consequences, Kesey’s novel and the subsequent film are widely acknowledged to have shaped public discussion about institutionalization and electroshock treatment.)¹⁷¹ Wartime experience solidified the idea that, in the right circumstances, madness could happen to anyone. At the same time, postwar propaganda touted treatment as available and affordable, so if it should happen to happen to you, your doctor would know how to help. As psychiatric discourse spread throughout the popular culture, madness became a more free-floating metaphor,

¹⁷⁰Alex Vernon attributes the greater number and higher quality of American WWII novels to the higher number of participants and an increase in the educational level of citizen soldiers (48).

¹⁷¹Though it is a classic in the American madness canon, I will not discuss *One Flew Over the Cuckoo’s Nest*. It has already received substantial critical attention (see Ohmann, Lupack, Baker et al, Mitchell and Snyder). Moreover, what I would discuss appears in *Catch-22* and *Ceremony*: the social label of madness; flashbacks to wartime trauma to convey and explain madness; and the conflation of madness with Native American experiences of oppression. On the film, see Shorter (*History* 282), Wahl (38), Fleming and Manvell (45-53, 179), and Gabbard and Gabbard (18, 139), who humorously summarize it in their glossary thus: “Christ-like sociopathic nonconformists beware! Lobotomy is the punishment for your attempts to bring salvation to emasculated males” (269). Given this critical coverage, I leave Kesey for later.

sometimes for the conformity of the suburban middle class, sometimes for the non-conformity of the new youth culture. It was also a powerful metaphor for the nuclear age. Though the Cold War had no official casualties, the relationship between the U.S. and the U.S.S.R. was sometimes easiest to explain in terms of madness or irrationality. As psychiatric labels and metaphors both multiplied, the “antipsychiatric” movement emerged, particularly in the work of the American Thomas Szasz and the British R. D. Laing. This movement was then embraced by critics of social conformity, lauding the idea that madness could be creative and that, as Laing wrote, “What we call ‘normal’[...] is radically estranged from the structure of being” (11).¹⁷² Ideas about madness’s reality and its potential meanings were in no shortage after the war.

Such ideas permeated literature. In his study of the postwar fictions he calls “illness narratives” (not to be confused with Arthur Frank’s nonfictional use of the term), Richard Ohmann sums up the ambiguity yielded by a culture beset with both psychiatry and antipsychiatry: “I seem to be crazy, but again, possibly it’s society that’s crazy. [In novels of this era], the balance tips sometimes toward one construction of the ambiguity, sometimes toward the other, but the polarity is always there” (213). Yet, having described the popularity of psychiatry and the saturation of madness vocabulary, I want to make a more specific claim. In Joseph Heller’s *Catch-22* (1961) and Leslie Marmon Silko’s *Ceremony* (1977), World War II is a crucial and non-metaphorical backdrop. These male madness narratives do more than raise the ambiguity of individual or societal insanity. Rather, they render an experience that is deeply personal because it involves memory. If questions of speech and silence pervade March’s novel, questions of remembering and

¹⁷²Lisa Appignanesi argues that Laing’s influence in “glorifying madness” was paradoxical in that it “not only helped make the mad feel more kin and made crises or breakdowns more acceptable, but fed into the aging century’s increased willingness to read unhappiness and malaise in terms of symptoms” (367).

re-constructing memory are vital to WWII-era madness narratives. These questions may have social implications, or be raised in novels that *also* have such implications, but the existential plot pattern lived out by Heller's protagonist Yossarian and Silko's Tayo is not about big-picture ambiguity. Content and form in these novels emphasize a personal struggle to reassemble memory and meaning after the traumatizing events of war.

Military historian David Marlow lists memory problems as one of the symptoms of battle fatigue (59). Though others are also important, this is the most useful for talking about these novels, as Yossarian and Tayo are plagued by memories that are at once broken and too much. This rupture and excess is the primary formal experiment of these WWII madness narratives. Heller and Silko fill their plots with repetition and collapsing chronology to convey the experience of a traumatized personal memory. These repetitions suggest the exhaustion of service that leads to breakdown, making the reader as "fatigued" as the protagonists. But more important, the experience of reading these novels puts a reader inside the experience of a ruptured and excessive memory, as we simultaneously struggle to put things together and know too much in advance. The madness induced by war trauma in Heller and Silko's work takes shape in plot structures in which certain events keep happening, keep coming back and mixing into the present; a return to health can be seen when those circles are broken.

Circularity is at the structural heart of Joseph Heller's *Catch-22*. The title – so catchy in describing a particular state of paradox that it is one of the few novel titles to enter common usage¹⁷³ – refers to circular logic: "There was only one catch and that was

¹⁷³For examples of the title's infiltration into common parlance, see Lifton (167) and Earley (151). "Catch-22" is also an almost irresistible reference for those writing a history of military psychiatry. See Shephard (292), and Jones and Wessely, who *begin their introduction* by discussing the novel's satirical depiction of the dilemma faced by military psychiatrists between combat and sanity (xv).

Catch-22, which specified that a concern for one's own safety in the face of dangers that were real and immediate was the process of a rational mind," which then disqualifies one from being exempted from those dangers (Heller 47).¹⁷⁴ Yossarian sees this roundabout catch "in all its spinning reasonableness," with an "elliptical precision about its perfect pairs of parts that was graceful and shocking, like good modern art" (47). Spinning ellipses are a good image for the process of reading *Catch-22*, from its Abbott and Costello-style spinning conversations to its elliptical plot progression. Whitehead argues that repetition as a narrative symptom of trauma "can act at the levels of language, imagery, or plot" (86), and in *Catch-22* it is all of the above. But the plot repetitions are particularly key. In this novel, what "happens" involves repetition on the levels of both story and discourse: some incidents are mentioned more than once (a discourse repetition, such as Snowden's death), and others actually occur more than once (a story repetition, such as the soldier in white returning to Yossarian's hospital ward). Built on such elliptical repetitions, *Catch-22* tests a reader's memory at the same time it constructs our knowledge of Yossarian's. Striving to understand *when* each event happens (no easy task) is how we come to understand what is happening within our protagonist.

It is impossible to read *Catch-22* and be oblivious to Heller's formal strategies, for they are provocatively and integrally disruptive. Though one can choose to read *Company K* in a non-linear fashion, one cannot help but experience this novel out of sequence. We have an idea of where we are in the plot based on how many missions Colonel Cathcart is requiring and who has died, but the full chronological structure is only clear in retrospect. And indeed, even in retrospect there are elements of the temporal

¹⁷⁴The converse of this elegant catch is stated in Denis Johnson's Vietnam War novel *Tree of Smoke*, in which an increasingly violent soldier is asked rhetorically by his sergeant "If you don't want a ticket out of hell, then you ain't regular in your mind no more, are you" (599).

or linear story that remain vague, as Robert Merrill points out (39). This is not because the novel is social commentary, nor because it is, as John Limon suggests, a postmodern war novel (129). Rather, this integrally disjunctive form reflects the fatigued or traumatized memory of the protagonist. On the level of content it is Yossarian's attempts to stay alive and to reconcile with the death of Snowden that progress the novel. On the level of form, these same actions echo the psychic symptoms of a ruptured memory – ruptured, indeed, by witnessing the gruesome death that keeps recurring in the discourse. The final chapters, increasingly linear, suggest that when Yossarian has fully narrated Snowden's death to himself (and to readers), he is able to decide to follow the example of the one comrade who has not died, Orr, and desert, thus escaping the circularity that has trapped him. The story becomes unified when his memory becomes unified.

March's interest in excesses and ruptures of speech is plain in his use of microfictions. What, then, do the excesses and ruptures of memory look like in *Catch-22*? They look like ordinary paragraphs in ordinary chapters, but within those paragraphs are great collapses of time and space. Merrill argues that Heller condenses "relevant material" into "oblique references, radically truncated scenes, and passing remarks in the dialogue" (39). These defy the implied singular linearity of paragraphs, in which one main idea or event is logically followed by another. Instead, *Catch-22*'s paragraphs pack generalizations against specificities and abut non-chronological events without warning. For example, this is the first narration of the events surrounding Snowden's death:

There was no established procedure for evasive action. All you needed was fear, and Yossarian had plenty of that. [...] He bolted for his life wildly on each mission the instant his bombs were way, hollering "*Hard, hard, hard, you bastard, hard!*" at McWatt and hating McWatt viciously all the time as through McWatt were to blame for their being up there at all to be rubbed out by strangers, and everybody else in the plane kept off

the intercom, except for the pitiful time at the mess on the mission to Avignon when Dobbs went crazy in mid-air and began weeping pathetically for help.

“Help him, him him,” Dobbs sobbed. “Help him, help him.” (51)

This paragraph exemplifies many of the formal strategies of the book. In the midst of a chapter that includes Yossarian asking to be grounded (and learning of the spinning ellipses of *Catch-22*), this tells both of repeated actions in the past, what happens “on each mission,” and of “the pitiful time,” a singular (and singularly significant) event from one “mess [of] a mission.” These tenses are juxtaposed not only in one paragraph, but in one sentence, with the words “except for” as their only transition. It is hard to say when we are flashing back *from*, or *to*; the enjambment of events emphasizes what makes Dobbs sob without clarifying it. This is how Heller’s formal strategies convey excessive and ruptured memory. Any given paragraph is likely to tell too much while collapsing both chronology and coherency. The combination of disorientation and terrible knowledge (something terrible happened to Snowden, but what, exactly, and when?) is the result of the novel’s form echoing a traumatized memory.

Selling only 35,000 copies by the end of 1962, but with 8 million in print by 1981, *Catch-22* became increasingly popular as the Vietnam War raged on, as several critics have noted (Merrill 3, Pinsker 606, Whitfield 178, 187).¹⁷⁵ Nevertheless, it is still decidedly a World War II novel. Yossarian is not an every-soldier in an every-war, but an Army Air Corps pilot based in Pianosa in the 1940s. The era-specificity of this novel is evident in Yossarian’s interaction with the staff psychiatrist Major Sanderson:

“Would you like a cigarette?” He smiled when Yossarian declined. “Just why do you think,” he asked knowingly, “that you have such a strong aversion to accepting a cigarette from me?”

“I put one out a second ago. It’s still smoldering in your ash tray.”

¹⁷⁵See also Whitfield on the important cultural context of the Korean and Cold Wars to Heller’s work (179).

Major Sanderson chuckled. “That’s a very ingenious explanation. But I suppose we’ll soon discover the real reason.” (Heller 303)

“The real reason” is Major Sanderson’s refrain, and this particular satire places the book squarely within the psychodynamic era. Sanderson’s semi-Freudian explanations for Yossarian’s behavior would not be possible (or at least, would not be funny) in novels written about other wars. The most oblivious kind of military psychiatrist, Sanderson diagnoses Yossarian with “a morbid aversion to dying,” and suggests, “You probably resent the fact that you’re at war and might get your head blown off at any second” (312). “Aversion” and “resentment” are terms popularized from psychodynamic models of distress. They are also hilariously and horrifyingly out of place in a combat zone. The popularity of this lingo among more than doctors can be seen when Clevinger offers his lay-diagnoses of Yossarian, including “antisocial aggressions” and a “Jehovah complex” (19.21). The final skewering of the narrow Freudian version of reality comes when Sanderson refers to Yossarian’s “deep-seated survival anxieties” (312). The man whose job it is to judge sanity finds “survival” an unhealthy preoccupation. Though there is to this day considerable silence and denial about the psychological damage soldiers sustain (Coleman 2, Hunt 23), Sanderson’s vocabulary is distinct to World War II. Having no power – indeed, legally obligated to get his “head blown off” if so ordered – Yossarian is caught in a circle whose comedy ends where his “morbid aversion” begins.

In *Catch-22* the war is described thus: “Men went mad and were rewarded with medals” (Heller 16). More than the novels of the Great War, these mid-century fictions make madness not just an individual consequence of war but a systemic condition. This may be one reason that the novel is so often commandeered as pure social commentary, and indeed Regina Fuchs has argued that the difference between the generations’ war

fictions is an increased emphasis on sociological or cultural analysis instead of individual woes of war (61). Heller is not one bit covert with his theme of the widespread madness of combat. As Pinsker rather snarkily puts it: “One need not be a philosopher come from the grave to know that crazy is the novel's supercharged word” (604). First of all, the “catch” of the title is explicitly about the relationship between sanity and combat. Doc Daneeka summarizes it to Yossarian by saying: “Anyone who wants to get out of combat duty isn’t really crazy” (47). But madness proliferates as a condition of war throughout the novel.¹⁷⁶ Yossarian warns the chaplain of this proliferation, saying: “Insanity is contagious. This is the only sane ward in the whole hospital. Everybody is crazy but us. This is probably the only sane ward in the whole world, for that matter” (14). Insanity is contagious because the war spreads it, as surely as it is putting bodies into hospitals.

This sociological interest in a wider responsibility for madness is one of the antipsychiatric ideas that became popular around the time of Heller’s novel. As R. D. Laing wrote in a volume published six years later:

the experience and behavior that gets labeled schizophrenic is *a special strategy that a person invents in order to live in an unlivable situation*. In his life situation the person has come to feel he is in an untenable position. He cannot make a move, or make no move, without being beset by contradictory and paradoxical pressures and demands.[...] Something is wrong somewhere, but it can no longer be seen exclusively or even primarily ‘in’ the diagnosed patient. (79)

Almost by definition, war is an “unlivable situation” that requires strategy in order not to be destroyed by those paradoxical pressures. The combat context makes insane things seem sane, as when Orr keeps crashing his plane: this self-destructive incompetence is revealed to Yossarian and to the reader as sublimely competent self-preservation when, in

¹⁷⁶In the character of Milo Minderbinder, madness also appears a condition of capitalism; a contorted logic of free markets and profits leads Milo into a contract to bomb and strafe his own base (265-6).

the final chapter, we learn it was survival practice for Orr's eventual escape to Sweden. I would argue that Orr's behavior goes the full circle: if at first it seems insane to crash his plane repeatedly, then sane once we know his true purpose, that later "sanity" reinscribes the insanity of the situation that renders such an action reasonable. Another example of war's confounding paradox war leading to in/sane behavior is Dunbar simultaneously making a move and making no move when he drops his bombs several hundred yards past the village he was ordered to strike: "The fall in the hospital had either shown him the light or scrambled his brains; it was impossible to say which" (339). Dunbar doesn't obey, but he doesn't disobey either. Is this revelation or scrambled brains? It depends on whether military or human objectives are the gauge. The insanity of war is that those two things can be in conflict, not just in one person, but in the system itself.

Yet, critique of the "unlivable situation" of the wartime system notwithstanding, Yossarian's in/sanity is the novel's center. As Stubbs says of him: "That crazy bastard may be the only sane one left" (Heller 114). He is also the organizing consciousness through whom most of the formal repetition occurs, and this is what keeps *Catch-22* from being purely social commentary or war protest. To let psychoanalytic critic Jeffrey Berman be my punching bag, Heller's novel is often glossed thus: "Adjustment to insane society is the height of madness, as *Catch-22* has taught us" (98). I maintain that teaches us more than that. Leaping to the moral of social critique misreads something important about whose memory has been fractured and whose body is at stake. Yes, this war is shown to have traumatizing effects on many of its participants (which is likely why it is not told in a first-person voice), and yes, it is shown to be widely, systemically irrational. But the novel does not stop when Dunbar dies, or Snowden, or McWatt. Throughout the

many digressions into the backgrounds and experiences of the roster of minor characters, Yossarian is the soldier whose struggles to stay sane and alive frame the novel.

Yossarian is in/sane because he takes the war extremely personally, believing it to be a specific threat on *his* life. When Yossarian tries to explain to Clevinger that “they’re trying to kill me,” Clevinger calls him “crazy:” “they’re shooting at *everyone!*” (17). Their argument goes on for some time, but nothing Clevinger says can sway Yossarian from his belief that he is the only one seeing things clearly: “Everywhere he looked was a nut, and it was all a sensible young gentleman like himself could do to maintain his perspective amid so much madness. And it was urgent that he did, for he knew his life was in peril” (21). In addition to maintaining perspective “amid so much madness,” Yossarian is struggling with the increasingly high demands made on him as a soldier.¹⁷⁷ Forty-five missions required; fifty; sixty: the numbers alone signal the unavoidability of fatigue. We most clearly see the strain that Yossarian is under when he threatens the life of McWatt when McWatt is taking risks as they fly. When it’s over, Yossarian is ashamed that he threatened to strangle his friend, and McWatt tells him:

“You sure must be in pretty bad shape. You ought to go home.”
“They won’t let me.” [...]
“Why don’t you talk to somebody about it?”
“I talk to everybody about it. What the hell’s the matter with you. Don’t you ever hear me?” (342-3)

As we have seen, when Yossarian does talk to somebody (somebody official, that is), he is disqualified from going home, “deep-seated survival anxieties” or not. Catch-22 prevents any doctor from taking seriously the insanity of a soldier who fears for his life.

¹⁷⁷Yossarian’s status as a pilot is significant; Shephard includes a chapter on the specific stresses undergone by airmen, albeit with more focus on the RAF than the AAC or USAF (279-97). Some pilots broke down on first few missions and were “felt to be fundamentally unsuitable for combat flying,” while others controlled the fear until about the 15th mission” (283-4); Yossarian ends up flying 70.

Yossarian doesn't struggle with silence; he talks "to everybody" about the gravity of his distress but no one hears him. Even if they do hear, they are powerless to stop the mad forces that are in turn driving him to madness or worse, to death.

For much of the novel, Yossarian is powerless in the face of the medical and linguistic paradoxes that bind him. He keeps "talking about it," trying to get someone to hear his distress, trying to extricate himself, because linguistic paradox reaches a limit in the physical reality of destructible bodies. This reality is infused into the book's elliptical structure. One of the most reliable ways to keep track of the "real" chronology is to pay attention to who is dead. Though the novel can sometimes feel like an unending cycle (a fatiguing effect that I would argue is deliberate), the accumulation of corpses remind us that there is indeed an end, and, lest we forget, someone's death is mentioned or narrated at length in almost every chapter. But one body does more than mark time: it marks trauma. Snowden's death shows that there is a physical limit to the circularity of logic, at least for the person whose body it is, or perhaps the person in whose arms that body dies. *Catch-22* engages with battle fatigue not just because Yossarian is exhausted by the unending demands made of him, but also because the traumatic memory of Snowden's death keeps gnawing at him. Because this trauma is evoked through a series of escalating repetitions, at a formal level, it gnaws at a reader too. Whitehead argues that literary repetition "mimics the effects of trauma, for it suggests the insistent return of the event and the disruption of narrative chronology or progression" (86).¹⁷⁸ Snowden does indeed return insistently to disrupt a clear sense of a progressive chronology. Amid the many

¹⁷⁸Judith Herman also discusses how a trauma survivor's account of the event may be "repetitious, stereotyped, and emotionless. [...] It does not develop or progress in time, and it does not reveal the storyteller's feelings or interpretation of events" (175). As the Snowden story is repeated through the novel's progression, it *does* ultimately develop and reveal Yossarian's interpretations. This revelation, crucially enabled by repetition, is the climax of the book.

temporal enjambments, mentions of Snowden pop regularly into the text, adding facts, details, and dialogues to the basic knowledge that *something* happened. The repetition indicates the kind of trauma that might, at the time (though obviously outside the fictional world of *Catch-22*) have led to a diagnosis of battle fatigue. The connection between Snowden's fate and Yossarian's mental state is encapsulated in the line: "Yossarian lost his nerve on the mission to Avignon because Snowden lost his guts" (230). Yossarian's "'nerve'" is metaphorical.¹⁷⁹ Snowden's guts are not.

Yossarian's most significant battle trauma, the one causing him to lose his nerve and see enemies everywhere instead of where his superior officers tell him to see them, is the gruesome death of Snowden. The traumatic nature of this death and the novel's repetitive structure are meaningfully entangled. Trauma is often spoken of as a disorder in one's personal story; in *Catch-22* and other war novels, personal disorder is mapped onto formal disorder because that is the most effective way to express the extraordinary. How can one tell a story that has so impacted one's memory that it breaks the rules of story apart? Heller's answer might be to tell a story that is defined by a broken memory. The straightforward narration of a traumatic event implies that the narrator is already well enough to *be* straightforward. Thus it may be that the full revelation of Snowden's fate, fewer than 20 pages from the end of the novel, actually conveys the impact of trauma less effectively than the structural buildup to that revelation.

And it is a revelation. Yossarian has not been silent about his distress, but neither has the narrative shown him facing this moment. Twice before we get to the Snowden

¹⁷⁹Jones and Wessely explore the power of symbolic or metaphoric language in war syndromes, particularly when it comes to words like heart, spine, or guts; they write: "To what extent these linguistic associations, deeply embedded in culture, have influenced war syndromes cannot be quantified" (207). On the vocabulary of "nerve" and "nerves" in particular, see Shephard (7) and Hynes (71).

story, it is alluded to as a secret, first one that Snowden “spill[s] to Yossarian in the back of the plane,” second as an “eternal, immutable secret concealed inside [Snowden’s] quilted, armor-plated flak suit until Yossarian had finished sterilizing and bandaging the wrong wound on his leg, and then spilling it out suddenly on the floor” (Heller 170, 355). The story itself is somewhat secret, since it isn’t told in its entirety until near the end, but the secret story also contains a secret message. This is the message that has so traumatized Yossarian that he refused to wear his uniform and watched Snowden’s funeral while naked in a tree – the message that has kept him from repeating the story.

The message becomes clear when the discourse finally reveals the whole past story, beginning with Yossarian finishing with “the wrong wound:”

Yossarian ripped open the snaps of Snowden’s flak suit and heard himself scream wildly as Snowden’s insides slithered down to the floor in a soggy pile and just kept dripping out. [...] Yossarian screamed a second time and squeezed both his hands over his eyes. His teeth were chattering in horror. He forced himself to look again. Here was God’s plenty, all right, he thought bitterly as he stared – liver, lungs, kidneys, ribs, stomach, and bits of the stewed tomatoes Snowden had eaten that day for lunch. [...] He wondered how in the world to begin to save him. (449)¹⁸⁰

The reality of Snowden’s injured human body overwhelms Yossarian. Inasmuch as a straightforward telling can capture trauma, the graphic description of that overwhelming physical reality does so here. In this passage, Snowden himself becomes ruptured and excessive, and through Yossarian, we see the terrible fact of both words. Verbs like “slithered” and “dripping,” adjectives like “soggy,” and nouns like “insides” and “pile”

¹⁸⁰This story is similar to one from *Company K* told by Private Wilbur Bowden, in which a man is treated for a wound in the leg but an hour later dies from a concealed wound in his side. Like Yossarian, Bowden turns this memory over in his mind (albeit more deliberately): “Why did he flinch, and say he was wounded in the leg, when he wasn’t? Did he really know where he was wounded? Or was it because he knew he was going to die, and my questions bothered him? Did he think it would be easier to let me have my own way, and put on a bandage, since I insisted on it? I’ve thought it over a good many times, without coming to any conclusion” (80). Boxwell finds this story with its “impossibility of knowing anything conclusively about the direct experience of war” to be central to the novel (339). I think it shows that one thing is conclusively knowable: the deadness of the body.

each contribute a distinct pixel to this horrifying picture of too much where it should not be. So too, perhaps most vividly, do the “bits of stewed tomatoes.” It isn’t enough that Snowden’s insides are soggy, red, and dripping all over the floor of a plane; they also contain drippy red bits of lunch, as a reminder that the processes of living are at all times only an instant away from those of dying, and it takes only one rupture to do the job. This graphic description coming after more than 400 pages of allusion suggests that Yossarian (like Private Qualls) sees this level of detail in his memory more clearly than he did at the time. Within the narrated event, Yossarian shows symptoms of shock, with “chattering” teeth and a wild scream that he “heard himself” emit. Having to “force himself” and “staring” at this capacity-exceeding violence, Yossarian feels “bitter” and helpless, unable to “begin to save” the once-present person inside the now-evacuated body.

But there is more to this story than witnessing the gruesome, unnecessary death of a fellow soldier. There is a “message” that is as traumatizing as the event itself. Yossarian starts to shiver as suddenly sees this “grim secret:”

It was easy to read the message in his entrails. Man was matter, that was Snowden’s secret. Drop him out a window and he’ll fall. Set fire to him and he’ll burn. Bury him and he’ll rot like other kinds of garbage. The spirit gone, man is garbage. That was Snowden’s secret. Ripeness was all.
(450)

Snowden’s secret is not his own mortality, as traumatizing as its revelation is, but *all* mortality. This is why the story has been so often repeated (so many characters die) but never fully examined: Yossarian has not been able to face the trauma or the equally traumatic epiphany it inspires. The droppable, burnable, rottable “ripeness” of the human “matter” is a secret that ruptures Yossarian’s thoughts and perceptions. But now after the final, full iteration of this trauma, something changes, something that removes the

repetitive, circular structure that heretofore signified Yossarian's broken burden of memory. The chapter entitled "Snowden" occurs while Yossarian is recovering from a near-fatal stabbing. Whitehead writes that repetition is "inherently ambivalent, suspended between trauma and catharsis" (86). Thus this final repetition is positioned to move from trauma toward catharsis because Yossarian is in a position to face his own finiteness and take action. In a way, Sanderson was right: Yossarian did have "deep-seated survival anxieties" and they were making it impossible for him to live. The form of his narrative reflected those anxieties, as its repetitive nature allowed a plot to tell and not tell, disorient and elucidate, with a "shape" that mimics a ruptured memory and signals the fundamental importance of a secret by, for a long time, keeping it. The damage done by Snowden's "message" is not eradicated by finally telling the story. Within the context of the plot, Yossarian doesn't actually "tell" it to anyone. But its full narration, while he is in surgery, suggests that he is at least ready to *face* it. This is not a cathartic psychodynamic cure. It is just a step. But it is the step that allows Yossarian to exit and end the novel and to do so without dying. Facing Snowden's death, facing the reality of his own mortal body inside the complex military, medical, and linguistic systems that seek to control it, allows Yossarian to abandon the madness induced by the catch-22.

Memory has similar importance to the form and content of Leslie Marmon Silko's *Ceremony*, though it might be more faithful to Silko's vocabulary to call it "story." For Silko, "story" means the big cultural apparatus within which an individual finds meaning in life and the world. Story is a blending of memory, narrative, and significance. As we read within the first pages of the book, stories are "all we have" and "You don't have

anything if you don't have stories" (Silko 2).¹⁸¹ As a mixed-race member of the Laguna tribe and a veteran of the United States Army, Tayo is the possessor of too many stories, competing within him to give meaning to reality. When he returns home from fighting in the Pacific Theater of the Second World War, the excessive horrors Tayo has seen, including bomb devastation, the execution of prisoners, and the death of his beloved cousin on a death march, have broken his ability to see the world within the same story he used to. His journey from the semi-amnesiac state of pain and confusion toward understanding is more than a recovery of individual memory; it is the realization and rebuilding of both personal and cultural story. Moreover, this rebuilding is a *fait accompli* for readers of the novel, as *this* story becomes that new story. If, as Joanne Freed writes, novels like Silko's "not only *describe* trauma but also *reproduce* it through formal strategies such as fragmentation and repetition that create a reading experience not unlike the experience of traumatic memory" (226, emphasis mine), Silko also describes and reproduces the experience of building a new coherence out of rupture. Tayo does this for himself; the novel of which he is the protagonist does it for a reader.

This novel might seem an unusual choice for a WWII male madness narrative, as it was written by a woman in 1977. I have already addressed the dangers of assuming that authenticity is inherently more valuable than imagination. That said, Silko writes of this era (and explicitly names the diagnosis of battle fatigue) for a reason. When asked in 1980 why she set the novel when she did, Silko responded: "Because of the atomic bomb. Because of how World War II was ended. [...] It isn't just the end of time for Indian people, but marked an end of a kind of time in life for everybody" (qtd. in Arnold 44). By

¹⁸¹War historian Nigel Hunt refers to these lines from *Ceremony* with an eye toward the importance of narrative to heal individual trauma; his inclusion of Silko in his study is a subtle validation of the idea that even a noncombatant can access important truths about war, trauma, and madness.

this light, Tayo could be another sociological veteran, whose experience is important because it evokes a trauma, or at least an “end of a time in life,” for *everybody*. His need for a new story speaks to that same need caused by the atrocities ending the Second World War, atrocities that Hynes too suggests would not fit in past ways of narrating or understanding (176). The inadequacy of old stories can be seen in Tayo’s failed encounter with the Laguna medicine man named Ku’oosh. The new, era-specific horrors of WWII, so terribly familiar to Tayo, are beyond the traditional healer: “Ku’oosh would have looked at the dismembered corpses and the atomic heat-flash outlines, where human bodies had evaporated, and the old man would have said that something close and terrible killed these people” (Silko 37). Tayo needs a new story that can incorporate memories and knowledge of these possibilities for dismemberment and evaporation and still find the world meaningful. Given a new capability to rupture each other beyond recognition, beyond even any evident trace, the postwar world needed that story too.

More than Yossarian, Tayo is a protagonist whose madness is both an individual ailment and a cultural illness, induced not only by war but by history itself.¹⁸²

Philosopher of history Anders Schinkel writes that a civilization that has experienced profound rupture “can be compared to a person who [...] has completely lost his or her memory. Such a person has also lost his or her identity, and a new identity in formation will be greatly influenced by this person’s painful knowledge that he or she was once someone else” (52).¹⁸³ This is the position that Tayo, the Laguna people, and even the

¹⁸²On *Ceremony*’s use of trauma to document (“reveal and resist,” as she says (222)) the effects of imperial violence on both the past and present of Native Americans, see Freed’s article. See also Herzog, who connects Tayo’s fragmented mental condition, the tribe’s disjointed position, and the novel’s form (26).

¹⁸³Schinkel goes on to qualify this comparison, noting the ways in which, of course, civilizations and individuals are not equivalent (52-3). This leap into the symbolic realm is one mad studies must caution.

United States face in *Ceremony*'s version of the aftermath of the Second World War. Memory and identity have been painfully ruptured, and Tayo could be seen as a sociologically representative protagonist who teaches readers about pain by exemplifying it. But, though Tayo's story may have broader implications than Yossarian's memory, and perhaps evokes more of the hermeneutic plot pattern, we should not assume that Silko appropriates madness for purely symbolic ends. *Ceremony* is still a madness narrative rooted in the experience of distress, conveyed in both content and form.

Yossarian's distress is depicted without any mention of his era's vogue diagnosis. Tayo, on the other hand, is explicitly given the psychiatric label of "battle fatigue" (Silko 8) and receives treatment at the Veteran's Hospital. Even in a medical setting, the personal experience of distress infuses that diagnosis. That personal experience is distressing in part because Tayo no longer feels *like* a person. His symptoms include feeling "hollow," "invisible," and distant, such that he expresses these complaints in the third person: "Tayo heard a voice answering the doctor. The voice was saying, 'He can't talk to you. He is invisible. The words are formed with an invisible tongue, they have no sound'" (15).¹⁸⁴ Hearing his own voice while he calls it "soundless," Tayo shows that the doctors' perception of him is not the same as his own experience of himself. He further reports to them that "he cries all the time:" "He cries because they are dead and everything is dying" (16). Tayo communicates both his own distress and the cause to which he attributes it, while using third-person language that combines that distress with

¹⁸⁴Compare this self-diagnosis to Chief Bromden's experience in *One Flew Over the Cuckoo's Nest*, as he finds himself going deaf because he is not listened to, beginning with the white people who came to buy his tribe's land and behaved as if he were invisible and unhearing (210-3). Thus this personal symptom can have cultural significance, as being invisible reflects as much on those who do not see as it does on those who feel themselves unseeable.

deep alienation. Despite his symptoms and his attempts to communicate them, Tayo is soon released from the hospital. His distress is understood more by the readers than by the doctors. Our privileged knowledge of Tayo's inner state continues after his release.

At the train station, he has a kind of panic attack and vomits into a garbage can,

[crying] at how the world had come undone, how thousands of miles, high ocean waves and green jungles could not hold people in their place. Years and months had become weak, and people could push against them and wander back and forth in time. Maybe it had always been this way and he was only seeing it for the first time. (18)¹⁸⁵

Tayo's distress comprises both mental and physical symptoms, but for him, its most upsetting element is that he cannot maintain temporal boundaries. People "wander" in this "undone world," in excess – in violation – of the rules of linear memory and story.

The loss of these linear rules is characteristic of Tayo's narrative as well as his experience. Silko's formal strategies convey the collapsed temporality that is at first Tayo's greatest distress, and later, once he has built a new understanding, his deepest insight. His trauma brings "the end of a kind of time" but also the beginning of a different kind. The novel shows the dis/connections of time for a traumatized, storyless veteran in a formal structure featuring even more abutment of disparate temporalities (and modes of prose) than *Catch-22*. The structure of *Ceremony* is fractured into Tayo's flashbacks, his present experiences, and the interpolation of other myths and stories. As Susan Scarberry notes, the reader's introduction to Tayo is itself a fracture, a flashback, "indicat[ing] the relentless hold that the past has on Tayo" (20). Tayo's sleep is being disrupted by haunting, traumatic dreams: "He had not been able to sleep for a long time – for as long as all things had become tied together like colts in single file. [...] He could get no rest as

¹⁸⁵This is reminiscent of Billy Pilgrim, protagonist of Vonnegut's *Slaughterhouse-Five*, who has "come unstuck in time" and moves at random through his life, a fact that enables the book's non-chronological structure (*Five* 23). For Billy too this is presented as a new way of seeing the reality that was always true.

long as the memories were tangled with the present” (Silko 6). Though earlier in the discourse than Tayo’s weeping over a world “come undone,” this restlessness is actually the lingering of that same epiphanic symptom. The fact that this event precedes in discourse what it follows in story (that is, we read about Tayo being at home before we read about him coming home) shows how that tangle of memory is manifested formally.

John Talbott argues that the term “flashback” is not quite accurate for the what Silko calls the “tangled” consciousness of those traumatized by war. He prefers the term “re-enactment” for reasons very like Tayo’s “colts in single file:” traumatic memories “abide in an eternal present; they fail to distinguish now from then” (440).¹⁸⁶ Even if (gradually) a reader can distinguish now from then, re-chronologizing the discourse into a coherent story, the structure of Tayo’s story suggests more than his confusing “eternal present” and the damage that must have caused it. Tayo cannot rest or heal because he is overwhelmed by his tangles of abutting temporalities and enjambed stories. An example of how “now” and “then” tangle together (as well as with an abutting myth) can be seen in Tayo’s multivalent memory about flies. He remembers his uncle Josiah telling him not to kill flies, and asking him to “remember the story” about why he shouldn’t; but he also remembers that “in the jungle he had not been able to endure the flies that crawled over Rocky; they had enraged him. He had cursed their sticky feet and wet mouths, and when he could reach them he had smashed them between his hands” (Silko 102).¹⁸⁷ Such a

¹⁸⁶Though Talbott finds this a consistent theme across war literature, Jones and Wessely claim that proper “flashbacks” don’t exist in pre-Vietnam literature, arguing that “the cinema and video technology have exercised an important influence on the organization of memory by providing new templates for expressing distress” (174). Again we see the tension between the universal and the contingent elements of war.

¹⁸⁷Silko’s is not the only novel that incarnates the damage of war trauma in flies. In O’Brien’s *In the Lake of the Woods*, one of the soldiers who was at the My Lai massacre (where the carnage invited the incessant attention of flies) says he “can’t stop dreaming about [the flies]” and is repeatedly quoted saying “fucking flies!” (138, 13, 143).

memory collapses four temporalities: Tayo remembering these things; the memory of Josiah; the memory of the story about flies; and the memory of his cousin Rocky's death in the jungle. Each of these elements may be linear on its own, but collapsed into this proximity they convey through form the distress that the white doctors at the Veteran's Hospital cannot treat. The doctors' failure ultimately drives Tayo to old Betonie who performs the titular ceremony on him. After that ceremony, Tayo's improving health is manifested in a considerably more linear narrative.¹⁸⁸ How readers experience Tayo's tangled past and present is also how we understand his damaged mental state.

If any one factor could be said to show the 16 year publication difference Heller's novel and Silko's, it is the absence of a "Snowden" chapter in *Ceremony*. Though repudiating it in many ways, *Catch-22* capitulates to its era's psychodynamic model of madness by keeping one cathartic secret to reveal in full at the end. In this, *Catch-22* has more in common with *The Three Faces of Eve* than with *Company K*. *Ceremony*, on the other hand, resides within an episteme that has moved away from the "one big secret" depiction of madness. We see this in several ways: first, there is more than one traumatic memory tormenting Tayo; second, none of them is withheld for dramatic revelation and recovery until the end. Tayo is haunted by the death of his cousin Rocky, and equally by an execution that occurred while Rocky was still alive, a story narrated in full detail within the first ten pages of the novel:

When the sergeant told them to kill all the Japanese soldiers lined up in front of the cave with their hands on their heads, Tayo could not pull the trigger. The fever made him shiver, and the swear was stinging his eyes and he couldn't see clearly; in that instant he saw Josiah standing there; the face was dark from the sun, and the eyes were squinting as though he

¹⁸⁸On the connection between Tayo's healing and linear storytelling, see Freed, who argues that this is also the difference between reproducing trauma and healing it, both for character and reader (221, 229).

were about to smile at Tayo. So Tayo stood there, stiff with nausea, while they fired at the soldiers, and he watched his uncle fall, and he *knew* it was Josiah; and even after Rocky started shaking him by the shoulders and telling him to stop crying, it was *still* Josiah lying there. (7-8)

This memory bears a strong resemblance to the execution scene that drives Gordon to repudiate a loving God, or Qualls to his suicide, in *Company K*. Yet it also takes an extra step. Where Qualls imagines that one of the soldiers might be like him, Tayo *sees* his dear uncle among the prisoners. He doesn't see similarity; he sees equivalence.

Because Tayo can't stop crying, the sergeant calls for a medic and has him sedated; "They called it battle fatigue, and they said hallucinations were common with malarial fever" (8). But much of the point of *Ceremony* is that these medical diagnoses, though true, are not all. Tayo's madness is not *just* caused by his experiences as a soldier, and his madness is not *just* battle fatigue combined with malaria, even if that's what "they said." His personal experience of distress is influenced by the kind of person he is, the stories that have shaped him. Tayo is a key example of how subjective backgrounds interact with seemingly objective diagnoses. For him, given his particular "story" of a self as a mixed-race Laguna, what looks like "madness" is a process that Tayo goes through in order to see truth.¹⁸⁹ Seeing Josiah is part hallucination and part revelation.¹⁹⁰ Seeing something that is not there, Tayo is also seeing something that is: the arbitrariness

¹⁸⁹If Laing's view of madness as "special strategy" applies to *Catch-22*, his view of madness as breakthrough as well as breakdown (93) is well expressed in *Ceremony*. Laing imagines madness as a natural process "which our labeling and well-intentioned therapeutic efforts distort and arrest" and asks emphatically: "Can we not see that *this voyage is not what we need to be cured of, but that it is itself a natural way of healing our own appalling state of alienation called normality?*" (86, 116). Tayo needs assistance from Betonie to move away from his temporally tangled alienation, but his madness does help him to see truth and to heal better than he would have been without it.

¹⁹⁰Elizabeth Evasdaughter suggests that finding Tayo's hallucination ("or vision" she adds) "symptomatic" misses its import: it "illustrates for Tayo the universality of human goodness and the evil of killing. When, reading along, we finally realize this, it's natural to smile at our earlier foolish Europeanized faith in our ideas of mental illness" (86). I think Silko wants both possibilities: not an exchange of "mental illness" for "vision," but an inclusion, a connection.

of racial divisions, the sin of murder, and the fundamental wrongness of any system that demands either division or sin for perpetuation. Coming from an oppressed Laguna background, Tayo's mind and body rebel when asked to perpetuate a similar oppression through killing. This is a fundamental rupture in the story he believes.

When Tayo weeps to think about oceans and jungles and years and months, such language indicates that he sees his madness on a larger scale than something merely personal. It is connected to the state of the world. If the novel engages with a hermeneutic plot pattern, it is because Tayo himself looks to find a new story to understand what has happened to him, not (entirely) because Silko wants to write a new story and uses Tayo to do it. This is the difference that keeps Silko's imaginative entry into mad male experience from being an unethical appropriation with an eye to symbolic ends. Tayo's plot is shaped by the (fictional) experience of distress, including the experience of seeking to rebuild a story in order to alleviate that distress. The new form of the novel is not only the manifestation of trauma. It is also the manifestation of a narrative cure.

Tayo knows he is sick. But until after Betonie's intervention, he is not convinced that there is a way to be well. The damage done to him in the war, and to his people since the arrival of the Europeans, feels insurmountable. He asks Betonie "what good Indian ceremonies can do against the sickness which comes from their wars, their bombs, their lies?" (132). Tayo attributes his sickness to "them," broadly – to their wrongful actions and words – because he knows that the war and the bomb are at best mere symptoms of the deeper causes that have led to his distress. It is hard for him to believe that "Indian ceremonies" can do much against this deeper historical damage. His "sickness" has as much to do with his (and his tribe's) historical experience with "them" as it does with his

personal experience with “their wars [and] their bombs.” What the ceremony does is allow Tayo to find a story that connects the personal and the historical, to give meaning to his own distress by finding a bigger pattern within which to understand it. He needs a recreated narrative that can include ruptures and excesses without becoming undone.

The V.A. hospital and Ku’oosh are the wrong doctors because they don’t validate Tayo’s experience of connectedness. It is a troubling symptom, the tangledness of past and present, but it is also his reality. Betonie’s value is that he sees this not as a symptom to alleviate but as a new mode of understanding, a first step toward a new story. Tayo initially resists, but soon admits that existing explanations and cures will not help him:

He wanted to yell at the medicine man, to yell the things the white doctors had yelled at him – that he had to think only of himself, and not about the others, that he would never get well as long as he used words like “we” and “us.” But he had known the answer all along, even while the white doctors were telling him he could get well and he was trying to believe them: medicine didn’t work that way because the world didn’t work that way. His sickness was only part of something larger, and his cure would be found only in something great and inclusive of everything. (125-6)

Tayo’s cure is “inclusive of everything” in two senses: first, it must account both for his personal wartime trauma and the less localized traumas like racial oppression and the dawn of the nuclear age; second, it must show him that his way of seeing the connections between everything is only madness if he doesn’t accept it as insight. Even if the novel becomes more linear after the ceremony, Tayo heals when he recognizes that the abutting, enjambed experience predominant in the first half is also true. Though some have seen such a cure as a way of overcoming Western thinking about mental illness,¹⁹¹ it

¹⁹¹See Evasdaughter in particular on what she sees as the inferiority of Western thinking in *Ceremony*. See also Fitz’s assertion that Tayo’s madness is actually “visionary:” “His seeing Josiah’s face in the Japanese prisoner affirms the interconnectedness of all life that is part of the Pueblo, the Navajo, and the Japanese worldviews. His reaction to the brutality of war in the Pacific is only madness when understood from the point of view of destructive Western thought” (52).

is not necessarily at odds with how we think about recovery from trauma. Even after the first part of the ceremony, before Tayo has finished the personal journey that Betonie helps him begin, Tayo feels better because he sees connections where there once were fractures. This reclaiming of the shape of his story means that Rocky and Josiah are no longer invading the present where they should not be, but persisting in their love for him, persisting in the opposite of death: “As far as he could see, in all directions, the world was alive” (221). As Scarberry argues, it is more a change in Tayo’s perspective on his own memory than in its contents that heals him: “Tayo finally sees that life is continuous, that the present extends backwards and forwards through time” (26). He has, of course, seen this all along; the difference is, now this comforts him rather than troubling him. Talbott’s “eternal present” and “failing to distinguish now from then” turn out to be what Tayo needs to realize and to do in order to be sane.

But Tayo must face final doubts and a final test before his cure is secure. His fellow veteran and sometime nemesis Emo has been telling people that Tayo has lost his mind. Tayo’s lover Ts’eh warns him that people are coming, people who want the story to end “the only way they understand:”

The doctors have medicine to quiet you. The others bring guns. Emo has told them you are crazy, that you live in the cave here and you think you are a Jap soldier. [...] They’ll call to you. Friendly voices. If you come quietly, they will take you away and lock in the white walls of the hospital. But if you don’t go with them, they’ll hunt you down and take you any way they can. Because this is the only ending they understand. (232)

It would be easy to dismiss Tayo’s insight as madness. He himself did so for much of the novel. The idea that the world is made of stories and connections across temporal, geographic, and racial barriers is easy to doubt. Tayo finally finds the strength to trust his

convictions – to diagnose himself as *not* mad – when he finds an abandoned uranium mine that supplied materials to create the ultra-destructive bomb that made Ku’oosh’s story inaccessible. Baker et al call this a moment of “convergence” for Tayo (111).

Seeing the exploitation of Indian land meet and meld with the atrocities of WWII, Tayo finds understanding for everything that he has seen and experienced:

He cried with relief at finally seeing the pattern, the way all the stories fit together – the old stories, the war stories, their stories – to become the story that was still being told. He was not crazy; he had never been crazy. He had only seen and heard the world as it always was: no boundaries, only transitions through all distances and time. (246)

Tayo is finally “not crazy” when he encounters a piece of evidence that ties the world “as it always was” to his own earlier perceptions. The competing stories have become one “pattern.” If this relieving epiphany seems too pat (or worse, a narrative convenience enabled by non-Western traditions), it behooves us to remember that this “pattern” of non-linear connectedness is indeed an objective scientific reality, albeit one beyond our capacity to comprehend.¹⁹² “There is no such thing as an isolated event,” writes Schinkel (55). Isolation, and even linearity, are the illusions; connectedness tells the truer story.

Tayo’s story is about discovering the connection between multiple levels of story, both for Tayo and for the reader. For Tayo, this realization allows him to choose an ending *he* understands, not introducing violence to fight Emo but deciding to keep living and express his knowledge. Even if, when he goes to speak with Ku’oosh and others, it “[takes] a long time to tell them the story” (Silko 257), Tayo chooses to re-connect with

¹⁹²This is also the pattern that Vonnegut describes in the extra-terrestrial novels of the Tralfamadorians, wherein “each clump of symbols is brief, urgent message – describing a situation, a scene. We Tralfamadorians read them all at once, not one after the other. There isn’t any particular relationship between all the messages, except that the author has chosen them carefully, so that, when seen all t once, they produce an image of life that is beautiful and surprising and deep. There no beginning, no middle no end, no suspense, no moral, no causes, no effects. What we love in our books are the depths of many marvelous moments seen all at one time” (*Slaughterhouse* 88). Quantum physicists would love these.

the world by telling it, sharing his new and complex understanding. For the reader, Tayo's discovery validates our own experience of this interwoven novel as well as the experience it depicts. As Freed writes, "by its end we share the relief of finally incorporating those memories into a comprehensible narrative" (229). Tayo "finally sees the pattern;" this is the vision that readers have been seeking as well. When *his* story falls into place, *the* story does too, and both stories are about finding a pattern of meaning that puts traumatic events into the proper relationship with other events, thus bringing the "madness" – and the novel – to a close.

The Second World War inspired many "survival anxieties" in its veteran soldiers and in the culture at large, especially since the war was finished with a weapon so destructive that it ushered in an era of moral paradox and absurdity. How does one live in a world that is ever-poised for immediate and universal death? One answer is to find meaning through stories. Stories about madness are especially well situated to navigate the rough terrain between atrocity and meaning. *Catch-22* and *Ceremony* use WWII in different ways, but both ground their depiction of their protagonists' insanity within the specific history, technology, and medicine of that war. Yossarian and Tayo are damaged by the war, damage conveyed formally by the narrative "symptoms" of repetition and collapsed chronology and healed by the characters' ability to accept their memories, find meaning, and revalue their own story (and life) by taking action within it. A present uncontrollably ruptured by the past can instead be infused and guided by it. On the individual and the social levels, madness narratives of the Second World War look for a story to find a way out of the "catch" that creates such trauma in the first place.

Vietnam: Ruptured and Excessive Narration in Tim O'Brien's *In the Lake of the Woods*

“In Viet Nam you’ve got to hate something or you will lose your mind.”
(Gustav Hasford, *The Phantom Blooper*)

Since its conclusion the Vietnam War has provided fiction with images of insanity. In film and novels and even television, the crazed Vietnam vet has become something of a staple.¹⁹³ If Vietnam was qualitatively different from the United States’ previous combat experiences, the difference might lie in its absence of purpose. Herman argues that purposelessness worsens war’s traumatic impact: “The trauma of combat exposure takes on added force when violent death can no longer be rationalized in terms of some higher value or meaning” (54).¹⁹⁴ In the absence of rational meaning, people go what was vernacularly called “dinky-dau,” the special kind of crazy only Vietnam could create. Dinky-dau has to do with the frustration of jungle warfare and the absurdity of seemingly goal-less but obviously body-full fighting. One response is hate, as in the epigraph above. Another is laughter, as a female missionary explains in Denis Johnson’s *Tree of Smoke*: “After a while it just gets funny. I’m not kidding. You get so sick in the head you just start laughing” (271). Yet another is the willed or unwilled alienation that

¹⁹³On how representations of Vietnam veterans changed based on public attitudes about the war (from psychopath to victim, say), see Shephard (xix) and Fleming and Manvell, who argue that the violent veteran figure from films like *Taxi Driver* was a defensive mask, making a returning soldier “someone to be feared, rather than cared for, and therefore allowed them to block awareness of America’s defeat” (125). One example of a recent fictional use of a mad soldier is a brief mention in Wally Lamb’s *I Know This Much is True* (1998), though Lamb refers to it in order to put such a stereotype about mental illness in a broader context, as he includes within the inmates of a maximum security hospital not only “the vet from Mystic who mistook his family for the Viet Cong” but also “a lot of less sexy psychos: drug fry-outs, shopping mall nuisances, manic-depressive alcoholics” (68).

¹⁹⁴For more on the purposelessness of Vietnam as voiced by trauma theorists, see Lifton (37); for more as voiced by novelists, see Webb’s *Field’s of Fire*: “The insanity was not so much in the events, but that they were undirected, without aim or reason. They happened merely because they happened” (167). See also O’Brien’s *In the Lake of the Woods*: “The war was aimless. No targets, no visible enemy. There was nothing to shoot at. Men were hurt and then more men were hurt and nothing was ever gained by it” (102).

trauma theorists call dissociation, described in Tim O'Brien's *Going After Cacciato* by the following symptoms: "numbness in the extremities in times of extremity,"¹⁹⁵ a cloudiness of vision; paralysis of the mental processes that separate what is truly happening from what only might have happened; floatingness; removal" (28). Whatever the response, Vietnam's battlegrounds have long provided literary playgrounds to depict the altered mental state engendered by the brutality and purposelessness of combat.

Vietnam narratives often share themes or strategies. Maureen Ryan identifies two important shared elements: first, the idea that "you had to be there," that the experience of war is inexpressible afterwards, and second, the depiction of wartime atrocity (20, 34). As we have seen, these elements are not new to Vietnam fictions, though perhaps their emphasis in later fictions that make them more visible in earlier ones. One of the most interesting formal claims made about Vietnam novels comes from Donald Ringnalda, who argues at length that the most successful Vietnam novels, the most "faithful expressions of the nightmare[,] are those that in their tone and structure eschew the methods and the rationale of the American military operations" ("Fighting" 28);¹⁹⁶ he claims that the faithful successes, through characteristics like hiddenness, suddenness, sporadicity and ingenuity, resemble instead how the *Viet Cong* fought (39-41).¹⁹⁷ Ryan and Ringnalda are both right, but I make a more narrow claim here. When the story being told is specifically, not just metaphorically, the madness involved in war, atrocities and hiddenness become traumas and silences, and writers use them as motivations to toy with

¹⁹⁵This is yet another example of language's power to shape the symptoms of war syndromes.

¹⁹⁶The novels that fail by mimicking military operations, Ringnalda says, give undue emphasis to maps, linear time, and technology ("Fighting" 28). He analyzes each of these reasons with examples of novels and writers who fail in their rectangular, military style fictions.

¹⁹⁷In another article Ringnalda suggests that the most faithful expressions are not novels at all, but *plays*, since "You can't fix war narratives by tinkering with war narratives" ("Doing" 71).

the forms of time and speech. In Tim O'Brien's *In the Lake of the Woods*, excessive atrocity and a protagonist's ruptured psyche result in a narrative form that conveys trauma through ruptures and excesses of narrative itself.¹⁹⁸ Unusually, *In the Lake of the Woods* (1994) stages the desire to enter the unknowable without satisfying it. Because of a proliferation of plot possibilities, and a narrator who self-consciously reflects on his inability to verify any of them, the knowledge of what happens within John Wade is as unattainable as the knowledge of what *happens* at all. Both inviting and refusing reader curiosity, O'Brien convey the unspeakable from within and without, through content and form, making it as familiar, and as foreign, as the war itself.

Maureen Ryan deems O'Brien's novel part of the genre she names the "aftermath narrative," which focuses on the lingering effects of war as much as wartime experience. Baker et al use a similar classification for *Ceremony* as well (109), perhaps reflecting an epistemic shift toward emphasizing the "post" of trauma in the 1970s and 80s. *In the Lake of the Woods* entwines the psychological, interpersonal, and cultural aftermaths of the Vietnam War. In this novel, veteran and politician John Wade first loses a primary election after the voters learn of his involvement in the atrocities at My Lai (also called Thuan Yen);¹⁹⁹ he then loses his wife Kathy, and after days of fruitless searching, goes out on a boat to lose himself too. These dramatic losses in the story's present justify the calling up of the discourse's past. As Arthur Weinstein writes about the epistemological

¹⁹⁸I choose *In the Lake of the Woods* as my case study here because it is the most obvious about the interrelation of formal experimentation, experience in Vietnam, and male madness, though these issues are also present in O'Brien's other works such as *Going After Cacciato* (1979) and *Tomcat in Love* (1998). Joanne Greenberg, author of the popular female madness narrative *I Never Promised You A Rose Garden*, has praised O'Brien's writing, saying "What schizophrenia is for me, Vietnam was for him: the founding thing, the 'thing from which,' but I think he is still in his more than I am in mine" ("Conversation" 99).

¹⁹⁹Alex Vernon argues that My Lai is in some ways "the ultimate symbol for the United States of the moral debacle that was the Vietnam War" (191), so this secret packs one atrocious wallop. For more on My Lai, see Lifton (16) and Hynes (194).

challenge of trauma: “Causality is real enough, but how often do we see it actually happening? Doesn’t it take an explosion, a murderous act, a severe illness, for us to seek explanations and origins?” (139). Though Kathy’s disappearance is the main act that sets us seeking explanation, O’Brien also withholds for some time the full extent of John’s candidacy-crushing secret. Though it seems that the latter mystery is revealed and the former left unsolved, their conjunction conflates the mysteries of the mind, the heart, and the truth of history into a mutually murky enigma. When Kathy asks her husband if it’s “true,” “The things they’re saying. About you,” John’s answer is “Everything’s true. Everything’s not true” (*Lake* 56). These five words capture the structure of the novel. The narrative fractures as it tries and fails to sort out ruptured truth and excessive conjecture, and the resulting collage combines not only temporalities and voices but even modes of reality. Knowing who John is, or what he’s done, or how his mind works, requires many different approaches. Yet the novel is structured *not* to resolve; the multiple approaches toward the “reality” of war and trauma and madness prove only that their salient feature is recalcitrance. What looks like a plot driven by temporal mystery (what *did* happen?) is a misdirection, a structure chosen to raise expectations and then refuse them in order to signal the existential mystery instead. What *is happening* within John Wade – soldier, husband, politician – will not be reduced to the false simplicity of true or not true.

John’s mental state, as well as his political failure, is linked to his experience of atrocity in Vietnam. The chapters relating John’s past are themselves a tangle of abutting temporalities: the linear story of the search for Kathy is riven with discursive flashbacks to their early marriage, John’s wartime experience, and his childhood with an alcoholic father who hanged himself in the garage. Through these interlocking timelines, John is

portrayed as someone who found strategies for surviving. As a boy he developed a love of magic, which acts as a kind of unifying figure of anti-explanation. The narrator, focalizing through John, imagines him comparing his magic to his father's death:

To know is to be disappointed. To understand is to be betrayed. All the petty hows and whys, the unseemly motives, the absences of character, the sordid little uglinesses of self and history – these were the gimmicks you kept under wraps to the end. Better to leave your audience wailing in the dark, shaking their fists, some crying *How?*, others *Why?* (*Lake* 242)

The unstated comparison, of course, is to this novel itself. *In the Lake of the Woods* thwarts knowledge and understanding deliberately, rarely letting a reader forget that even these apparent thoughts that might give us access to John's "motives" are a novelist's construction of a narrator's imagination of a protagonist. Wailing our questions in the dark may be the truest response.

Though O'Brien's circumscriptions undermine our confidence in the possibility of accurate or complete interpretation, the narrator does try to help us enter John Wade's experience. His childhood pursuit of magic links with his experience in Vietnam, where he is given the nickname "Sorcerer" and where "the trick then was to stay sane" (36). We can't know if John would see the parallel, but that doesn't make it useless or false. The idea of "the trick" evokes a disciplined self-deception, a willed forgetting; "as a kid," we read, "he'd learned the secret of making his mind a blackboard. Erase the bad stuff. Draw in pretty new pictures" (133). And Vietnam offers plenty of "bad stuff" that John strives to erase, both from his memory and from the official record. The My Lai atrocity haunts him, and because it does, it returns and returns to further rupture John Wade's already tangled biography. As with Snowden, John Wade's My Lai memories become less static

and staccato as the novel progresses. But even the first time we encounter the scene, it is self-evidently traumatic, something that begs for the blackboard eraser:

Something was wrong. The sunlight or the morning air. All around him there was machine-gun fire, a machine-gun wind, and the wind seemed to pick him up and blow him from place to place. He found a young woman laid open without a chest or lungs. He found dead cattle. There were fires, too. Sorcerer didn't know where to shoot. He didn't know what to shoot. So he shot the burning trees and burning hootches. He shot the hedges. He shot the smoke, which shot back, then he took refuge behind a pile of stones. If a thing moved, he shot it. If a thing did not move, he shot it. There was no enemy to shoot, nothing he could see, so he shot without aim and without any desire except to make the terrible morning go away. When it ended, he found himself in the slime at the bottom of an irrigation ditch.

PFC Weatherby looked down on him.

"Hey, Sorcerer," Weatherby said. The guy started to smile, but Sorcerer shot him. (63-4)

The short, simple clauses convey a complex, disorienting experience. The repetition of verbs in the first fifteen sentences (three using variants of "to be," two of "find," two of "know," and nine of "shoot") build a sense of action within confusion. Shooting is the surest thing. One of the few descriptive phrases signals a feeling of powerlessness, with the wind "blowing John from place to place" rather than his own conscious will. Ryan calls John's actions "predictable crimes in an insane war" (23).²⁰⁰ Given the structure of the sentences preceding the event, it is not surprising that "Sorcerer shot him." PFC Weatherby's death is a result of John's bewildering and brutal surroundings far more than his volition. John's murder of PFC Weatherby, his involvement with the overall atrocities at My Lai, and his later attempts to cover those things up, are consequences of a greater insanity as much as they are insane or criminal actions by themselves. Amid fire and smoke, John only wishes "to make the terrible morning go away."

²⁰⁰Either John or the narrator – the focalization makes it hard to draw the distinction – comments on the war's insanity: "The war had become a state of mind. Not bedlam exactly, but the din was nearby" (102).

John's attempts to repress and cover up this story do not succeed. The plot of the novel is proof enough of that – his political career is ruined because the story has come out – but so is its structure. When we re-encounter events surrounding Weatherby's death, 40 pages after the initial account, we learn two new things about them. First, we see the greater scope of the atrocities: rather than John firing into hedges and smoke, we see his fellow soldiers "spraying gunfire into a crowd of villagers," shooting children, shooting corpses, which leads to John's recognition that "This was not madness [...]. This was sin" (*Lake* 107). Second, this expanded re-narration focuses in greater detail on the mental distancing that John uses as his "trick" to stay sane; yet this trick is also shown, through the recurrence of this story, to have failed in the long term, as the novel's form expresses John's trauma far more than he ever does. At first, John's attempts to manipulate the story on a personal level seem to be successful:

In the months and years ahead, John Wade would remember Thuan Yen the way chemical nightmares are remembered, impossible combinations, impossible events, and over time the impossibility itself would become the richest and deepest and most profound memory. This could not have happened. Therefore it did not. Already he felt better. (109)

Using (specious) logic and will, John turns his memory into an un-memory, one that registers what happened by denying it, calling it "the impossibility" which with such prestige becomes rich and profound. He even tries to make this denial official (to turn the personal "could not" into a historical "did not") when, two months before the end of his tour, he retypes his company's files, adjusting dates and names (and relying on the mask of "Sorcerer") to turn himself into another one of the impossibilities (269). This gesture is central to John's attempt to forget, and also to his failure. H. Bruce Franklin argues that

this suggests that the reality of Vietnam “can be denied but not escaped” (336).²⁰¹ For the men who fought there, Vietnam was very real indeed, and so are its damages. Moreover, any “feeling better” that relies on forgetting or false facts will not last.

Both personally and politically, John fails at his attempts to deal with trauma by erasing it. This is evident in the swirl of temporalities that waltz through the sections dealing directly with John, as well as in the content of those sections. But *In the Lake of the Woods* includes a more substantial experiment than this. O’Brien employs a strategy of collage in order to render the unknowability of John, war, and madness through the collapse of narrative authority. Melley argues that such a strategy is as infused by trauma as any aspect of the story’s plot, writing that the novel “presents a suggestive collage of historical and fictional echoes that are, like the experience of trauma itself, fragmented and repetitive” (123).²⁰² The traumatic collage is characterized by layers of fictional and non-fictional temporalities. Amid the already ruptured “present” story of Kathy’s disappearance and the following investigation, there are chapters devoted to unproveable hypotheses of what might have happened to her and chapters of “Evidence,” full of quotations (from real historical figures as well as the novel’s characters), statistics, lists, and the like. In addition to this collage of real, fictional-real, and fictional-hypothetical content, there is a narrator calling attention to himself by providing footnotes to the story, which often muse on the challenge of telling it. Any one of these elements of collage would undermine a stable, single reading of the novel. The plethora of narrative modes

²⁰¹Franklin is not the only one who finds this action central to the novel’s meaning. See Vernon on the implications of Wade’s failure to postmodern claims about history; in his words: “As in a good Faulknerian tale, the fact that we cannot know the past does not deny its power over us” (60).

²⁰²For more on how the collage of the historical with the fictional links John Wade’s experience to issues of national memory and responsibility, see Melley (112), Vernon (189), and Fuchs (153, 198).

and possibilities enhances and even dramatizes the likelihood of such undermining and the unlikelihood – the inadequacy, even – of any single truth.

Faced with the atrocities of war and the mystery of Kathy's disappearance, the narrator searches for explanations. Some are given. What did John do that ruined his political career? The answer is the story of Weatherby and My Lai. Mystery posed; mystery solved. What happened to Kathy? This answer remains unknown. Maybe one of the hypotheses is true, maybe not. But what distinguishes *In the Lake of the Woods* is that it flaunts the fact that even when we have an answer, we still don't have access. What happened to John, what led to his alienation and (possibly) drove his wife away or (possibly) caused him to kill her or (possibly) sent them both into hiding – the closer the narrator attempts to get to John's mind, the more he realizes (and verbalizes) what eludes him. The temporal, solvable mystery is a prosthetic for the existential, experiential one, which O'Brien evokes specifically to suggest that there *is* no such solution. No formal device can fully convey what happens within another person. All they can do is self-reflexively reiterate the challenge and the failure. John Wade's distressed mind, probed with so many strategies that their unsatisfactory nature cannot be missed, reveals the limits of accessible knowledge in the face of madness, war, and their combination.

The chapters sharing the title "Evidence" epitomize the strategy of collage. These chapters incorporate both fictional and historical material to explain – or show the challenge of explaining – John's character, actions, and past trauma. The fictional-real evidence catalogues the material world of the Wades and paints their history in interview excerpts. One of the most pertinent of these comes from John's campaign manager: "I don't think it started out as an intentional lie," he says of John's secret; "he just kept mum

about it – who the hell wouldn't? – and pretty soon he probably talked himself into believing it never happened at all. [...] Keeping that stuff locked up inside, it must have driven him crazy sometimes" (*Lake* 196). This justifies John's attempted denial ("who the hell wouldn't?") while also suggesting its potential damage (being "driven crazy"). These chapters also include many historical-real quotations that shed light on trauma, atrocity, and denial.²⁰³ Indeed, the narrator cites some of the trauma theory and psychiatric history appearing earlier in this chapter, including Herman's *Trauma and Recovery*. The collage of the "Evidence" chapters suggest a context for John Wade by making specific links between war trauma and later psychiatric issues. While the story sections of the novel help the reader experience disorientation, numbness, and repression from within, these more discursive sections address these symptoms from without. John is never explicitly diagnosed, but these chapters weave his episteme's psychiatric terminology around him. If the connections are partial or unconvincing, this only deepens the novel's mystery. If none of these "facts" help us know or understand John, what we *can* understand is that, though madness and war are both very real experiences, they are extremely difficult realities to access. This privileging of mystery is also plain in the recurrent use of magic among the evidence. There are quotations from Robert Parrish's *The Magician's Handbook* and catalogues of John Wade's tricks from the first section of "Evidence" to the last. These evoke not only a character, but also a warning: we may not know what we think we know. The visible reality may not be what is actually happening.

The evidence-collage exists within the greater collage of the narrative as a whole, in what Melley calls the novel's "unusually self-negating plot structure" (113). This self-

²⁰³Including historical material about not only My Lai but also the genocide of Native Americans 300 years prior (*Lake* 257-60), the "Evidence" chapter remind readers that atrocity is not limited to Vietnam. Though not a sociologically representative protagonist, John Wade is also not alone in his actions and his guilt.

negation derives from pursuing ignorance in every direction, telling a story predicated on what we don't know. Questions of accessible knowledge are part of the "Evidence" chapters, but they are the driving force behind the chapters titled "Hypothesis." Each of these chapters, riddled with words like "maybe" and "perhaps," offers a possible version of what might have happened to Kathy. The possibilities put forward include: leaving with a lover; drowning accidentally; committing suicide;²⁰⁴ and getting lost deliberately with the expectation that her husband would follow so that they could start a new life in Canada. Though this proliferation of possible stories might seem to celebrate the openness of not-knowing, Alex Vernon argues the opposite: "The narrator's speculations, as he exhaustively works through the evidence and possibilities, leaves little to the imagination" (60). The "exhaustive," excessive quantity of hypotheses seems to account for every possibility while offering no way to choose one. What looks like openness is actually a recognition of closedness: the true story exists, but we do not know what it is.

Once again, this unknowable truth combines My Lai, Kathy's whereabouts, and John's mind into a knot of inscrutability. We see this most clearly in two hypotheses: first, that Kathy may have witnessed John pouring boiling water on their plants the first night they were at the cabin and decided to leave him, and second, that John murdered Kathy by pouring boiling water over her face and then sunk her body in the lake.²⁰⁵ Either of these scenarios hinge on John's past secrets and his present alienation. In the

²⁰⁴This possibility briefly shifts the burden of madness to Kathy rather than her war-traumatized husband, as the narrator notes her prescriptions for Valium and Restoril (*Lake* 250).

²⁰⁵In Franklin's reading, this hypothesis is the least incongruous with the rest of the novel. Such a murder "re-enacts once again the murder committed at My Lai and his attempts to expunge all records – and memory – of this act that was too awful to be possible" (339). He also suggests that though readers are free to choose, we are complicit in an act of denial if we choose anything other than this solution (339-41). Both I and Regina Fuchs (158-9) would argue that this argument would deny mystery and *uncertainty* O'Brien emphasizes in every aspect of the novel.

first, Kathy (at least, Kathy as imagined by the narrator) thinks her husband looks like a “sleepwalker,” someone who is “not right:” “more and more it was like living with a stranger. Too many mysteries. Too much walled-up history. And now the fury in his face” (*Lake* 54). If his mysterious history makes John a furious stranger, maybe Kathy left him because his mental condition was too ruptured to let him seem safe. In the second scenario, John is already not safe, for reasons plainly aligned with his experience at My Lai. As John murders his wife (hypothetically, of course) we read:

He would remember thinking how impossible it was. [...] Why? he kept thinking, except there were no answers and there never would be. [...] Maybe madness. Maybe evil. He was aware of voices in the dark – women and children, slaughterhouse sounds – but the voices were not part of what he would remember. He would remember darkness. (273)

The words “impossible” and “would remember” are direct echoes of John’s My Lai experience. The “slaughterhouse sounds” add their own eerie resonance (recall the “dead cattle” he found before shooting Weatherby). But denial and trauma are only part of what happens in this particular “Hypothesis.” Even as John contemplates the reasons that might lead to him to this latest atrocious action, he remains aware of the eternal absence of answers. Options, yes, but no answers. Even “madness” is not an answer, just a different name for what neither we nor he can understand.

Perhaps more accurately, madness is a name for what the *narrator* doesn’t purport to understand. The “Hypothesis” chapters are pure conjecture, so any interpretation based on what Kathy or John think or do within them is conjectural as well. This brings me to one last element that highlights inaccessibility via excessive, ruptured narration and a resulting collapse of narrative authority: the footnotes. Regina Fuchs argues that through these footnotes, “Readers are drawn into and forced out of the story continuously” (176).

It is hard become immersed in the story when the story-maker foregrounds himself and his failures. Throughout the novel, the narrator, implied collector of the evidence, formulator of the hypotheses, reminds readers through footnotes that he exists (these data are not divinely ordained) and that he himself is fascinated, even driven, by the mystery of the project. All he has (all O'Brien gives him) to tell his story is an assortment of fragments, a loose chronology, and suppositions. *In the Lake of the Woods* is constructed, by O'Brien and his surrogate narrator, as a quest for answers out of reach. It does not perpetuate silence about trauma, but it shows that all the words surrounding war and madness and atrocities will never lead to the full understanding we want. Unlike in *Ceremony*, O'Brien's narratives multiply and conflict and abut without a new story emerging. A new narrative form, perhaps, but one that insists on its own limitations when approaching the transcendent "pattern" of truth.

The narrator is upfront about this lack of a coherent pattern. He warns readers early that he has researched this story for four years and has little more than "supposition and possibility" to show for it, adding: "there are certain mysteries that weave through life itself, human motive and human desire" (*Lake* 30). Why does John behave like this? PTSD is part of an answer, but it only leads us so far; then we want to know what led him to the "T" in the first place, or what wider circumstances led to the opportunity for him to encounter it. "Why, John?" becomes "Why John? Why anyone?" and even "Why war?" These are insoluble questions. But that doesn't mean we should – or can – stop asking them. Another footnote reads:

The human desire for certainty collides with our love of enigma. And so I lose sleep over mute facts and frayed ends and missing witnesses. God knows I've tried. Reams of data, miles of magnetic tape, but none of it satisfies even my own primitive appetite for answers. (266)

Through such footnotes, the narrator's "appetite for answers" is made an integral part of the novel. These comment on fiction's power to play with both the "desire for certainty" and the "love of enigma." These are also two elements that define madness narratives: we want to know the reason why, and we also want an immersion in the mysterious what. The temporal and existential plot patterns complement each other by making mystery a kind of truth. As with Sorcerer's tricks, we want to know and not know at the same time.

Where madness differs from magic is that, at least when it comes to war syndromes, knowing the "trick" doesn't diminish the fascination of the unknown. "My Lai" is *an* answer but not *the* answer. To make this plain, O'Brien formally constructs a novel around one unsolvable mystery (Kathy's disappearance) to stage a meditation on these others as well. Both the content and the form of this novel maintain the mysteries of Kathy Wade's whereabouts and John Wade's mind. Fuchs suggests that this maintenance of mystery prevents what she calls the "reappropriation" of the protagonist, since readers are unable to "[put] yet another Vietnam veteran into a neat compartment and thus get rid of one more disturbing presence" (158). In the flaunted absence of answers, Wade's presence remains disturbing, not only of what we think we know about war stories, but what we think we know about each other. The narrator's final footnote speaks to this as he comments on the impossibility of ending the story:

Nothing is fixed, nothing is solved. The facts, such as they are, finally spin off into the void of things missing, the inconclusiveness of conclusion. Mystery finally claims us. [...] All secrets lead to the dark, and beyond the dark there is only maybe. (301)

We cannot help but try to enter the dark, but when it comes to grasping experiences of war or madness, proceeding with a cautious "maybe" may be the most ethical move.

Conclusion: Recent Wars and Reinventions

“They have both found life meaningless, partly because of what they had seen in war. Rosewater, for instance, had shot a fourteen-year-old fireman, mistaking him for a German soldier. So it goes. And Billy had seen the greatest massacre in European history, which was the fire-bombing of Dresden. So it goes.

“So they were trying to re-invent themselves and their universe. Science fiction was a big help.” (Kurt Vonnegut, Slaughterhouse-Five)

“Some poor guys on TV are going to war.” (James Chapman, Glass [Pray the Electrons Back to Sand])

Obviously the United States has had military involvements since the Vietnam War. That said, these more recent involvements are frequently linked to Vietnam in critical and historical discussions. Maureen Ryan, for instance, notes not only the possible parallels between current U.S. military enterprises and “the more frustrating aspects of the imbroglio in Vietnam,” but also the many comparisons based on those parallels (297).²⁰⁶ There have also been new war-specific diagnoses, though so far none of these have yet caught on in public or literary discourse at a level I would call “vogue.” There have even been war novels that might qualify as madness narratives, though none that has received substantial critical praise and attention. In a review of the novel *Shock and Awe*, Gregory Cowles points out the paucity of Iraq war novels, saying somewhat snidely: “Say what you will about the military parallels. On the war-novel front at least, Iraq apparently isn’t so much like Vietnam after all.” To this I would reply: let’s wait and see. Some early examples of fictions that involve recent wars and their deleterious effects on soldiers’ mental health are James Chapman’s *Glass (Pray the Electrons Back to Sand)* (1994), James Blinn’s *The Aardvark is Ready for War* (1997), Charles Sheehan-Miles’s *Prayer at Rumayla* (2001), and David Zimmerman’s *The Sandbox* (2010), as well as

²⁰⁶On the ubiquity of such comparisons, see Ryan and Fitzgerald’s article reviewing *eighteen books* that examine the links between Vietnam and the U.S.’s current military campaigns.

graphic novels such as Anthony Lappé and Dan Goldman's *Shooting War* (2007). If none of these are lasting classics, they at least signal the dawn of an aesthetic response. Given the lapse between the end of any of the century's wars and its greatest fictions, it will be fascinating to see what emerges in both literary and psychiatric discourse in the next few decades.

Were I to predict what facet of recent wars would inform the next generation of war-inspired formal experimentation, I would surmise that there is something about the mediated nature of recent wars that seems different. In a way that even Vietnam was not, the Gulf, Iraq, and Afghanistan Wars have been experienced in the general public through television. James Chapman's *Glass (Pray the Electrons Back to Sand)* examines this idea, as we see both in the above epigraph and in the three-sentence scene that epitomizes a culture of war-as-media: "You could come over if you want. Naw just hanging out. I guess we could pop open some brews and watch the war" (164).²⁰⁷ The consumption of war as a form of media brings with it many possibilities for individual estrangement in life (with an ever-wider gap between the viewers and the "poor guys on TV") and for formal experimentation to convey that estrangement.

Jones and Wessely ask: "How should people react to combat, to witnessing atrocities, to seeing the results of a suicide bombing or to being in situations of genuine fear to life and limb?" (172). The answer is that there is no "should." There are patterns, shaped by a variety of discourses, and within those patterns there are individuals who are actually present and suffering. Accounting for the individual experience is something

²⁰⁷Chapman subtitles his book "A Television-War Novel," with a hyphen that speaks his point, I think, more elegantly than most of the text does. For another example from recent fiction, see *Prayer at Rumayla*, wherein the narrator remarks on the civilians coming to meet returning soldiers, "yelling their approval for our pretty little war, for whatever it was they saw on television the last few months" (Sheehan-Miles 16)

fiction can do far better than medicine. Hunt writes that “Any psychologist who tells you that they can only learn about human nature from reading a psychology journal article or textbook, without considering the contribution of a good novel, play, or poem, is naïve” (4). Journals and textbooks speak to the general rule; psychiatric epistemes are about the shifts in the grand narratives we use to understand the mind. But such narratives don’t tell us everything. As Talbott points out, combat trauma is better understood today than it was at the end of the Great War, but alas, “the increase in the explanatory power of the stories that psychiatrists tell about it has not been accompanied by a corresponding increase in their ability to cure its life-long consequences” (452-3). It makes no difference to a suffering individual if we say that suffering is caused by shock, fatigue, or trauma. Instead, what matters are the following three things: can it be cured for that individual? can it be prevented in others? and can we increase understanding and tolerance both for the wounded and for their supporting culture *even if we find cures and preventions*? The first two questions I cannot credibly address, though certainly both provide good and necessary goals.²⁰⁸ As for the third, this increased understanding and reduced stigma is something that fictions such as these can abet. This is not to say that fiction “fixes” anything. Reading *Company K* will not, alas, prevent either war or psychiatric casualty.²⁰⁹ Nor will *Ceremony* yield a widespread acceptance of those whose way of perceiving and thinking about the world has been permanently altered by combat. But fiction does have

²⁰⁸For someone who can, and does, address how to attain the goal of prevention, see Shay’s chapter on “Preventing Psychological and Moral Injury in Military Service” (*Odysseus* 208-30). Shay emphasizes the importance of cohesion, training and leadership; his title and overall strategy also covertly emphasize the importance of fictions to help make sense of and share experience. See also Bhattacharjee (408) and Askari et al (1970) on how new findings about TBI have inspired evaluations and screenings for military personnel *returning* from combat. Jones and Wessley regret the difficulty of any real prevention apart from one: “At the moment, the only certain way to prevent PTSD is not to send men, and now women, to war” (190).

²⁰⁹Some actually do make claims like this; see DeMeester (668) and Vernon (261).

some special qualifications for promoting intersubjective understanding (and lessening suffering) for the individuals within the generalities.

Fiction makes it possible to see an individual story clearly. Reports of psychiatric casualties caused by war can be dry and abstract, but Yossarian is not. Through his narrative, we gain an understanding of one particular soldier's place on what Herman calls "the spectrum of human adaptation to traumatic events" (3). Especially in aggregate, fiction conveys the crucial fact that there is not one way that war affects soldiers and their minds. Moreover, fiction gives a sense of the culture surrounding any given individual.²¹⁰ As Hacking suggests, perhaps the reason we are still interested in stories of "long-dead lunatics" is because stories provide "the sense of the time and the place in which madness is both intelligible and insane" – as opposed to the grand narrative of psychiatry that leaves out patients entirely (*Travelers* 3, 5). This ability to encompass both individual and surrounding context may make it possible for fiction to bridge the same kind of gap in readers that is faced by returning soldiers. DeMeester stresses that meaningful recovery from trauma requires an escape from the isolated private world and a rejoining of the bigger social picture, leaving "the debilitating repetition and the isolation of [a veteran's] own consciousness and reestablish[ing] a connection between his pre- and post-traumatic worlds" (652). Novels make it possible for us to transcend isolating boundaries and see both ourselves and those around us on a spectrum of experience, connected by the bonds of culture and history. They are aesthetic objects with ethical cores.

Finally, we need more fictions because there are already fictions, some of which use their power for evil rather than good. Some of these already existing fictions

²¹⁰Fiction is also *part of* that surrounding culture; on the potential of this relationship to be a circular, mutually reinforcing one, see Whitehead (81) and Higonnet (102).

perpetuate the stigmatizing misunderstandings that surround mental illness; others the glorifying misunderstandings that surround war. Alex Vernon advocates the study of veteran-written war fiction to counteract the sentimentality of (everything that follows the opening sequence of) *Saving Private Ryan* (ix-x).²¹¹ There are many realities of war, and for those of us who have never fought – or those of us who wish to end *anyone's* need to fight – we need a many-sided understanding of war's unglorified, plural reality, and its potential for a plurality of lasting damages as well. We need as many narratives of both war and madness as possible, for not even the best narrative is complete.²¹² Though I have discussed four exemplary books here, it would be foolish to imagine that four books will offer a full understanding of the madness induced in fighting men (and increasingly women) or the reality of the war in which they fought. The narrator of *In the Lake of the Woods* wonders if he should “argue that solutions only demean the grandeur of human ignorance? [P]oint out that absolute knowledge is absolute closure?” (266). Such questions apply not only to that fiction, but to madness narratives generally. We need more fictions in order to prevent the petrification caused by absolute closure. As the above Vonnegut quotation suggests, we need fictions (science fictions and others) to help us reinvent ourselves. Through imaginative shared experiences, we can recognize that the “guys on TV” are real guys, and that what happens to them while they are at the war might make their minds and bodies different but it shouldn't keep them silent.

²¹¹For a similar fight-fiction-with-fiction claim, see Franklin's note that *In the Lake of the Woods* offers its narrative about whitewashing and denial the same year that the film *Forrest Gump* was released (335).

²¹²Indeed, one of the valuable things narrative can do is express its own partiality. See, for example, Doc Peret's speech in *Going After Cacciato*: “In battle, in a war, a soldier sees only a tiny fragment of what is available to be seen. The soldier is not a photographic machine. He is not a camera. He registers, so to speak, only those few items that he is predisposed to register and not a single thing more. Do you understand this? So I am saying to you that after a battle each soldier will have different stories to tell, vastly different stories, and that when a war is ended it is as if there have been a million wars, or as many wars as there were soldiers” (198).

CHAPTER IV

WOMEN'S MADNESS NARRATIVES: INTERNAL WARS AND SOCIAL OPPRESSIONS IN "THE YELLOW WALLPAPER," *TENDER IS THE NIGHT*, *SAVE ME THE WALTZ*, *THE BELL JAR*, AND *72 HOUR HOLD*

Introduction: Internality and Temporality, Models and Martyrs

"Men [...] never seem to become the things they do, like women, but belong to their own philosophic interpretations of their actions." (*Zelda Fitzgerald, Save Me the Waltz*)

"Boys all paid attention to me and it drove my friends crazy."

"Who were your friends?"

"Oh, Zelda Fitzgerald, Frances Farmer, and little Sylvia Plath." (*"Lady Bouvier's Lover," The Simpsons*)

These two quotations conjoin in mutual truths. The women named as "my friends" are defined by their "craziness;" the joke is that they are *literally* crazy, not just frustrated by the division of male attention. However, this joke also reflects the gender differences noted by Fitzgerald's Alabama Beggs. Alabama thinks that if her husband has an affair, he wouldn't be guilty like she was because men don't have their identities defined and fastened to them the same way women do. The extratextual truth of the first quotation is revealed by the second: the name "Zelda Fitzgerald" is so fastened to the idea of "crazy" that it is a punchline. And she is not alone. The other names are equally reducible to "the things they do," and what these women did was go mad.

As I outlined in Chapter III, the twentieth century shows a trend in treating women as if going mad is one of the natural "things they do," an internal design flaw of femaleness, while for men, exogenous causes (such as war) account for and legitimate madness. This is not to say that women's madness narratives are ahistorical and only tell stories of some universal female malady. Novels such as Toni Morrison's *Beloved* (1987)

and Nora Okja Keller's *Comfort Woman* (1997) show that women (Morrison's heroine Sethe, Keller's Soon Hyo) can be just as haunted by specific historical traumas as men. In *Cultural Hauntings*, Kathleen Brogan explores these novels in their use of ghosts to convey the damaged and damaging memories of an oppressed people as well as an individual. Given Brogan's ethno-cultural emphasis, it is not quite fair to read the presence of ghosts in the lives of Sethe or Soon Hyo as a symptom of madness.²¹³ Nevertheless, both women have daughters who find their mothers' behavior alien and alienating, even if further information makes it seem justified. This further information is the explication of the traumatic violations inflicted on Sethe or Soon Hyo. These violations relate to their position as women, as people of color, and of citizens of a certain point in time. For these Sethe and Soon Hyo, the personal is historical and vice versa.

Sethe's daughter Denver thinks "there is something in her that makes it all right to kill her own" (Morrison 105). That "something" is the remembered experience of historically specific trauma, and not a universal female trait. Because of the horrors of her enslaved past, Sethe kills her infant daughter when threatened with the prospect of return, doing damage to prevent damage, because she has been damaged, and in the process damaging herself still further.²¹⁴ As my syntax suggests, Sethe's actions are roundabout, irrational, but they respond to a system far more violent than she. The entrance into Sethe and Denver's house of a fully grown woman who seems to have the memories of that

²¹³The concurrence of madness and ghosts is common in fiction, especially as an enabling of indeterminacy or ambiguity in the narrative. Henry James's *Turn of the Screw* (1898) and Shirley Jackson's *The Haunting of Hill House* (1959) are two fictions using mental instability to explore ghosts, or ghosts to explore mental instability, or them both to explore the possibilities of undecidable narration. *Beloved* partakes in this pattern as well, as both real and supernatural explanations are posited and deciding what "really happened" misses the point of Morrison's both/and storytelling.

²¹⁴On the influence and intrusion of the traumatic past in *Beloved*, see Quayson (109-114). On Sethe's failure to rebel through murder or madness, see Caminero-Santangelo (137-51), who argues that Morrison's work demonstrates that madness can only be a theoretical, and never a lived, subversion.

murdered daughter is the manifestation of that “something in her” as something *out* of her. Soon Hyo, by contrast, appears to go out of herself by taking others in. Her daughter Beccah describes it thus: “When the spirits called to her, my mother would leave me and slip inside herself, to somewhere I could not and did not want to follow. It was as if the mother I knew turned off, checked out, and someone else came to rent the space” (Keller 4). Readers, and eventually Beccah, know that this strange behavior is a response to Soon Hyo’s untold past as a “comfort woman,” forced into prostitution by Japanese soldiers during the Second World War.²¹⁵ For Sethe and Soon Hyo, seemingly mad behaviors have legitimating causes in specific historical incidents. That said, these causes still relate to their female biology in a way that may have no parallel in the experience of male soldiers. Brogan notes that “haunting in women’s texts tends to attach to reproductive issues: the ghosts often arise from traumatic memories of rape, abortion, or miscarriage” (25). Although such issues do have a biological basis, this does not weaken the cultural and historical circumstance surrounding that biology. Sethe’s experience of childbirth is little like Soon Hyo’s, and their ghosts have particular personal and textual meanings. Whether supernatural or symptomatic, the appearance of “other” presences inside Sethe’s house or Soon Hyo’s body is historically contingent in the sense that Southern slavery and Japanese “comfort” camps existed at certain moments in time, even if the embodied maternal or sexual nature of their violations suggests a universal female cast to trauma.

The problems with universality are myriad, and have been well-explored. Andrea Nicki is particularly vehement about breaking causal links between women’s biology and

²¹⁵This untold past also extends to the character’s name. Beccah knows her mother by the camp name “Akiko” until after Soon Hyo’s death. On whether or not this narrative of an individual appellation removes complexity from the character and collapses the historical claims of hundreds of women into a single mother/daughter tale, see Chuh, who says it does, (17-9) and Schultersmandl, who disagrees (75).

their illnesses (100). Equally invested though less strident are Busfield, Ussher, and Astbury. What I wish to note briefly is the ideological construction of normality we see at work here. If there is no parallel in male madness narratives of the maternal or sexual traumas sustained by women's biology, this is remarkable only if we consider the lack of a female reproductive system "normal." Statistically, either male and female bodies are *both* normal, or neither can be. Soon Hyo is not the pathological exception to Yossarian's rule. Moreover, there is a disturbing tendency to underplay the specificity of women's trauma by overplaying its shared element. This suggests that since women's bodies are always vulnerable to penetration and parturition, their reactions are therefore universal, natural, *not* mad, not requiring a new story, while the penetrations of weapons technology into men's bodies *is* seen as historically contingent, resulting in traumas that are specific, unnatural, and deserving of special attention. But these norms of body and experience are socially constructed.²¹⁶ Proponents of a feminist disability theory, such as Rosemarie Garland-Thomson and Elizabeth Donaldson, suggest that discourses of gender and ability can help interrogate each other and reveal the power structures inherent in such norms. Since "woman" and "mad" have been identities with less social capital than "man" and "sane," popular and perpetuated constructions often link those stigmatized identities, a link further strengthened by its own myth of being ahistorical, universal, or natural.

These constructions have been both literary and medical. Throughout the epistemes of the twentieth century, the idea that women are susceptible to distress for biological, more than socio-historical, reasons has persisted. The value of women's madness narratives is that they offer a voice to talk back to the doctor. In so retorting,

²¹⁶Marilyn Yalom looks at the combination of the universal and the constructed with the distinction she draws between the biological fixity of maternity and the cultural contingency of motherhood (5).

women's madness narratives tend to have different stakes, different strategies, and different plots than men's. In Chapter III I discussed the three plot patterns enabled by mad protagonists: the plot of temporal mystery (what has caused this to happen?), associated with the medical model of madness; of existential or experiential mystery (what is madness like?), associated with the social/cultural/political model; and of hermeneutic mystery (what does madness mean?), associated with the symbolic model. I argued that men's madness narratives, since they so often have a legitimating exogenous emphasis, tend to eschew the temporal mystery for the existential, which they convey through a variety of formal strategies of rupture and excess. Women's madness narratives also engage with existential plots, though they generally employ the less pyrotechnic strategies of description and immersion to convey the experience of madness beyond the explanations or comprehension of doctors. But they also return the temporal mystery to the forefront. Women's madness narratives show that there is a better answer to "what has caused this to happen" than femaleness, and by giving weight to those broader cultural causes, they intensify the relevance of the personal experience they convey.

My emphasis on the temporal plot is fairly uncommon. Much criticism of women's madness narratives focus either on how women writers have either revealed or resisted the oppression of patriarchy. Feminist scholars often offer readings of how these texts internalize and recapitulate the expert testimony of doctors (S. Hubert 58), or how they embrace madness as a liberating rebellion against the masculine society supporting such expert testimony (Shinn). Since Sandra M. Gilbert and Susan Gubar published *The Madwoman in the Attic* in 1979, their imagery and interpretation have profoundly influenced feminist ideas about literary madness; the title is practically a paradigm in

itself.²¹⁷ Gilbert and Gubar argue that in nineteenth-century women's writing, the madwoman works as a double for the author, through whose violent acts

the female author enacts her own raging desire to escape male houses and male texts, while at the same time it is through the double's violence that this anxious author articulates for herself the costly destructiveness of anger repressed until it can no longer be contained. (85)

If we read the madwoman as staging desperately craved escape and destroying elements of the repressing order, it is a small step in the logic of metaphors to then figure madness as the escape itself. In the wake of Gilbert and Gubar, this has often been the default feminist reading of madness: the woman in the attic is confined in one sense, but in another, her confinement results from her rebellion and her liberation.

This emphasis on the hermeneutic plot pattern, wherein what madness *means* (liberation from patriarchy!) is more important than how it's *lived*, is not ideal. Marta Caminero-Santangelo sees it as "misguided" because the symbolic model "ultimately traps the woman in silence" (4); Elizabeth Donaldson deems this "monolithic way of reading mental illness" problematic due to its erosion of lived and embodied experience (101). Donaldson's critique reflects a warning made by feminist psychiatrist Phyllis Chesler in 1972: "Neither genuinely mad women, nor women who are hospitalized for conditioned female behavior, are powerful revolutionaries" (115). The hermeneutic plot pattern, which projects revolution and liberation on any potential Bertha, limits our inquiry – perhaps even our interest – into the lived experience of "genuinely mad women." The goal of both feminism and disability studies is to recognize and resist

²¹⁷Gilbert and Gubar's title refers to *Jane Eyre's* Bertha Mason, and remains firmly associated with her; for example, see Quayson (38) and Thompson (165), both of whom refer to Bertha in this way. To be fair, however, Bertha was a quintessential figure well before Gilbert and Gubar got to her, as is clear in Jean Rhys's *Wide Sargasso Sea* (1966). Rhys's novel is an excellent candidate for transnational mad studies; as Barbara Rigney notes, it not only privileges "Antoinette's" subjective experience but also views it through a new episteme, rejecting heredity and providing alternative explanations for psychosis (27).

oppression and other reductions of the humanity; this goal cannot be well served if all diagnoses are leveled to one metaphor, even if it is that metaphor is well-meaning and emancipatory in spirit. The house of mad studies has many rooms to fill, not just the attic.

That said, the temporal plot pattern also has the potential to be reductive. As the pattern most aligned with the medical model of madness, it is also the most like the *genre* of mystery, wherein readers expect answers.²¹⁸ As Janet Walker says of psychiatric films, the traditional form of “Who killed So-and-so?” is adapted to “What is *wrong* with So-and-so?” (57) and, often, what *caused* it to be wrong? It might seem that the temporal pattern would only inspire madness narratives that thrive on explications of etiology. Cynthia Erb describes what she calls the “therapy narrative” working exactly this way, as it is characterized by “[a] recovery of origins moment, [and a] purging of madness,” usually simultaneous, as in the cathartic flashback of *The Three Faces of Eve* (58). With the therapist taking the role of the detective, the case is solved, and the madness *resolved*, by this etiological discovery.²¹⁹ Narratives that follow this pattern are the most like the “overcoming narrative” discussed by disability scholars, wherein a struggle against all odds is rewarded with an exemplary (and statistically exceptional) triumph, in this case, the total banishment of madness and the one remaining face of Eve.²²⁰ But it is possible

²¹⁸Ideas of mystery and detection pervade theories of both literary and medical representations of disability. Weinstein refers to “hermeneutic adventure, so central to the detective story and the scientific laboratory” (210); see also Cassuto (124) and Mitchell and Snyder (6).

²¹⁹This pattern is especially prevalent in texts, such as *The Three Faces of Eve*, produced during the psychodynamic episteme. For more on Freudian thought, detection, and the etiological explanation of madness, see Thiher (241), Illouz (47), and Borch-Jacobsen, who debunks this as myth (141). On the problems of a therapist playing a detective role, such as “a fixed idea where the culprit is to be found” and a determination to unearth that foreordained culprit no matter what the patient believes, see Pierre Janet’s 1892 challenge to the new field of psychoanalysis quoted in Coleman (28-9).

²²⁰On this pattern, see Wendell, who writes that these “disabled heroes” are “comforting to the able-bodied because they re-affirm the possibility of overcoming the body” (116). See also Berman on the “heroism and fairy-tale status” of protagonists who recover from the mysterious, terrifying fate of madness (169).

to tell a story that involves the temporal search for causality without collapsing into the cause-and-cure structure that belies the lived experience of chronic distress.

Perhaps it is useful to return to Tougaw's interpretive poles of diagnosis and sympathy. Fictions predicated on distress invariably engage rhetorics, and prompt responses, that oscillate between objective distance and subjective merging, between *solving* the distressed person and *being* her. This oscillation reflects the importance of all three mysteries in approaching distress. Even a madness narrative that follows primarily a temporal plot can thwart the limitations of diagnosis and gesture toward subjective experience. Distressed people, as well as their doctors, look for causes. Susan Wendell writes of her friends' desire to discuss causal hypotheses when she became ill:

At first I fell in with this, generating theories about what I had done wrong; even though I had always taken good care of my health, I was able to find some (rather far-fetched) accounts of my responsibility for my illness. [...] Gradually, I realized that we were all trying to believe that nothing this important is beyond our control. (114)

Conveying the existential mystery of what madness is like, then, may well include the experience of temporal mystery too. It can include protagonists coming to Wendell's realization that control may be a fantasy. For that matter, an existential plot can also include a hermeneutic puzzle. Arthur Kleinman asserts that one of the fundamental questions raised by illness is "the question of bafflement:" "Why me?" (29) The nuance to be aware of is when that question is being asked by the individual, and when it is being solved by the doctor (or the reader). It is conflation of those distinct occurrences that make a temporal, or even a hermeneutic, plot pattern inimical to an existential one.

When women's madness narratives engage with temporal plots, they often do so to offer a different temporal answer, one that shows the potential reductions or limitations

in twentieth-century medical discourse (as it was applied to women) and suggests the relevance of social, cultural, and political causes. The fictions I will examine in this chapter show that women have neither surrendered to their doctors' versions of their own distress, nor have they ignore and abandoned those doctors to embrace the symbolic liberation of madness. Instead, they have negotiated new stories that unmoor the temporal from the purely medical, that deepen and expand a reader's understanding of distress, diagnosis, and treatment.²²¹ Women's madness narratives feature protagonists who are often subjected to rhetoric of internality (that is, their distress is just something "inside" their female bodies) but whose texts use the depiction of internality to show the presence and power of external factors that the doctors have missed.²²² As writers such as Gilman and Plath demonstrate, it is possible to simultaneously delve into a protagonist's subjectivity, her (fictional) lived experience, while also demanding acknowledgment of the other elements, besides biology, that might result in an experience of such distress.

One additional challenge: It might seem that an emphasis on the potential of external causation for women might result in protagonists whose madness represents the maddening oppression of women on the systemic level, what I called in Chapter III the "sociological heroine." In this discussion of "narratives of illness," including *The Bell Jar*, Richard Ohmann suggests that such works "transform deep social contradictions into a dynamic of personal crisis" (217). This transformation can elide those contradictions by

²²¹Edward Shorter points to such negotiations happening in real life, as when nineteenth-century women actually demanded gynecological and other operations to treat their complaints (*Paralysis* 69-94). Though sexism and abuses of medical power are real and troubling, any history that depicts women as nothing but victims of their doctors, without any agency of their own, is incomplete.

²²²Jane Wagner's play *The Search for Signs of Intelligent Life in the Universe* contains a humorous example of the combination of internal biology and external factors when Lyn argues with her doctor's diagnosis of "premenstrual symptom," listing her divorce, her childrearing, her career, her husband's infidelity, and the failure of the Equal Rights Amendment: "And you *think* it's my *period* / and *not* my life?" (191). See also Chamberlin on what she believes her depression was telling her, rather than what it told doctors (23).

making them “personal” and thus more manageable (and more easily narratable).²²³ Yet it can also elide the nearly infinite variations of individual experience by making someone’s “crisis” representative of a universal social problem.²²⁴ It is unfair and inaccurate to let Esther Greenwood stand for the oppression of all women (or to let Esther stand for Sylvia Plath, or to let Plath stand for all women, an icon-making tendency I will discuss shortly). Esther’s story can speak *to* other women, especially in its retort to the flattening, totalizing discourse of wrong doctors; it should not speak *for* other women. Further, if women’s madness narratives retort to doctors’ versions by showing the cultural cause of oppression as the “real” root of madness, this too could undermine individual lived experiences of distress (Busfield 5, 255). Once again, Phyllis Chesler anticipated this difficulty in 1972’s *Women and Madness*. Chesler is adamant against anti-psychiatric (or radical feminist) claims that there is no such thing as madness, but she also maintains that some madwomen are merely seen that way: “What we call madness can also be caused or exacerbated by injustice and cruelty within the family and society; freedom, radical legal reform, political struggle, and kindness are crucial to psychological and moral mental health” (27).²²⁵ Acknowledging the social problems that surround individual distress need

²²³On the deflection provided by “personal crisis,” see Garland-Thomson on the “ideology of cure.” She argues that the promise of “fixing” bodily differences de-emphasizes changing attitudes, environments, or economic systems instead, and “reduces the cultural tolerance for human variation and vulnerability by locating disability in bodies imagined as flawed rather than social systems in need of fixing” (14).

²²⁴For example, Sue Kaufman’s *Diary of a Mad Housewife* (1967) features a protagonist whose “madness” is mostly a way to name the fear in her era: “It’s all a sign of the times, the terrible pressure we live under. [...] It means that some people just can’t take all the pressure we live under – the Russians, the Chinese, the war in Vietnam, the Negro Revolution, and of course, The Bomb – some people just crack” (65).

²²⁵See also Nicki, who writes: “Just as anyone can become severely physically ill and disabled, so also can anyone fall severely mentally ill and disabled, with illness of both types exacerbated in those with unequal access to health care, social resources, and support” (81). On the role of ideology in creating and describing women’s madness, see also Russell (30) and Rawlings and Carter’s 1977 article taking on the sexism inherent in therapies that pathologize being female.

not subsume or invalidate individuals' experiences. What I want to note about women's madness narratives is not that they uncover and represent sociological facts of sexist oppression; rather, they reveal that part of the lived experience of distress can and often does involve a temporal search for social and cultural causes.

In this chapter, I look at how the temporal plot pattern melds with the insistence on female internality to convey the experience of madness very differently than in *Catch-22* or *In the Lake of the Woods*. For one thing, the vogue diagnoses vary significantly, as women's psychiatric labels (such as hysteria, schizophrenia, depression, and mania, to name the four I will discuss here) are rarely connected to combat. Further, instead of formal experimentation, these novels stress sensual descriptions – that is, what madness does to the story is less important than how it looks and feels.²²⁶ An example of this kind of sensual description can be seen in *Comfort Woman*, in Soon Hyo's narration of the experience of being entered by a ghost:

My body turned to lead, so heavy that I could not lift a finger or a toe, much less an arm or a leg. And then it was as if I was liquefied; I lost the edges of myself and began to soak into the floorboards. Waves surged through my arms and legs, rushing toward the center of my body, where I knew they would clash and explode out the top of my head. [...]
The fear grew until it pressed against my chest, until I felt I would drown under the weight of it, until it began to take shape and I saw that it was Induk straddling me, holding me down to the earth. (95)

Through evocative description (nouns such as “lead,” “waves,” and “weight;” verbs such as “liquefied,” “surged,” “rushing,” “explode,” and “drown”) Keller creates and transmits what living this is “like.” The value of subjective experience versus objective expertise is another shared element of women's madness narratives, which often include a medical

²²⁶There is also a common emphasis on the sensual element of smell. In “The Yellow Wallpaper,” the heroine's unraveling is partly expressed by her noticing a smell creeping all over the house – the smell of yellow. In *I Never Promised You A Rose Garden*, we can tell Deborah is improving when she delights “in a world of rich color and odors that actually referred to what one was smelling” (J. Greenberg 212).

figure whose understanding is shown to be inadequate.²²⁷ Shirley Jackson's novel *The Bird's Nest* (1954) features an epitome of such figures in the pompous, misguided Doctor Wright, whose patient mischievously but insightfully puns his name as "Doctor Wrong." Wright is prone to referring to "my own – and I must say, my superior – judgment" and reveling in the psychiatric power "to recreate, entire, a human being, in the most proper and reasonable mold" (82, 268). But readers see that judgment fail and may well look askance at his power to enforce propriety. Temporal-experiential patterns allow these fictions to reveal how much these Doctor Wrongs miss. Women's madness narratives convey internality and subjectivity within a culture that may limit, misunderstand, or warp that subjectivity. This emphasis is consistent in the fictions I discuss here, through they come from separate decades. Charlotte Perkins Gilman, F. Scott and Zelda Fitzgerald, Sylvia Plath, and Bebe Moore Campbell all combine powerful descriptions and doctor-disproving temporal patterns to show how, at any given historical moment, the far end of the continuum of distress needs better and broader understanding, in part so that we can take the political actions necessary to ensure that fewer people will experience it.

To return briefly to my opening epigraphs, there is also a significant extra-narrative pattern at work in women's madness narratives: the importance of biography in their historical critical reception. Many writers of women's madness narratives have had their personal mental health history imported into their artistic history. Carol Warren has observed (about wives, though it is equally true of writers) that it is "part of the future fate of the ex-patient that her troubles can no longer be encompassed within a general

²²⁷On the doctors "who haunt the works of women writers" from Mary Shelley to Charlotte Perkins Gilman to Sylvia Plath, see Gilbert and Gubar (508).

theory of trouble, but are now perceived in psychiatric terms” (34). Zelda Fitzgerald and Sylvia Plath both bear traces of this persistent critical tendency (as did Charlotte Perkins Gilman, though less so lately).²²⁸ Although, as Berman notes, authentic breakdowns have little to do with literary achievement (28), Zelda and Sylvia have attained a kind of first-name iconicity less because of what they *wrote* about mental illness than because of what they lived. To some extent, this may be attributed to the mystery of creativity itself.

People are often puzzled by achievement of great works.²²⁹ As a result, we sometimes solve one puzzle with another: genius must be caused by madness, or vice versa (Erb 54, Baker et al 130-58). Whatever the reason, my response to the relentless importation of biography into discussion of women’s madness narratives echoes Elaine Showalter’s response to the trend of recovered memories and therapist-validated (if not -encouraged) abuse narratives, as epitomized in the 1988 book *The Courage to Heal*: “Today’s feminists,” she writes, “need models rather than martyrs; we need the courage to think as well as the courage to heal” (*Hystories* 61). The more we think of these women as agents (and artists) within the continuum of mental health, not merely “authentic” sufferers of mental illness, the more we engage with them as models rather than revere them as martyrs, the better we will be able to address the issues of social equality that both feminism and disability studies are so invested in.

²²⁸All three of the women in the *Simpsons* quotation are included in Chesler’s list of accomplished women who did “hard time” in the system (5); Appignanesi adds Mary Lamb, Alice James, and Marilyn Monroe to the roster, as well as the female ob/subjects of famous case histories (8). My research has uncovered such biographical emphasis in criticism of Shirley Jackson and Jane Bowles, and even more strongly in that of Mary Jane Ward and Joanne Greenberg. Ward and Greenberg often receive this attention because they wrote what Susan Hubert calls “autobiographical novels” (71), as though their artistry matters less than their authenticity. Also worth mentioning on this list is Virginia Woolf, whose critical history abounds with examples of biography, diagnosis, and re-evaluation according to the changing episteme.

²²⁹These great works need not only be artistic or literary; the once-prominent figure of the mad poet has recently been competing with that of the mad mathematician, as in David Auburn’s Tony Award-winning play *Proof* (2000) and the Academy Award-winning film *A Beautiful Mind* (2001). Pete Earley reflects on some of the potential damages of the *Beautiful Mind*-inspired myths in his memoir *Crazy* (278).

Hysteria's Legacy: Charlotte Perkins Gilman's "The Yellow Wallpaper"

"Sometimes I think there are a great many women behind, and sometimes only one, and she crawls around fast, and her crawling shakes it all over. [...] she is all the time trying to climb through. But nobody could climb through that pattern – it strangles so." (Charlotte Perkins Gilman, "The Yellow Wallpaper")

Of the many women who try to climb through what strangles them, the first I will discuss is Charlotte Perkins Gilman. Her 1899 story "The Yellow Wallpaper" just barely misses the twentieth century, but its influence on women's madness narratives makes it invaluable to mad studies. Gilbert and Gubar deem it, along with *Jane Eyre*, "a paradigmatic tale" (89), especially as it combines confinement and femininity, house and duty, wherein the mad rebellion against the latter is informed by the spatial limitations of the former. In this story, an unnamed first-person narrator is brought to a summer house by her husband to be kept in utmost quiet and rest. Her room, to which she is perpetually confined, is covered with the titular wallpaper, and, with nothing else to do, she stares at it constantly. Eventually, she sees it as two patterns: bars in front, and a woman, creeping, trapped, behind them. She comes to identify with the woman, and by the time the summer is over, she has torn the paper off the wall and refuses to be put back inside. Her cure has driven her from mere imaginative nervousness to fully delusional madness.

We begin, then, with the diagnosis of hysteria and, with it, the insistence of biography.²³⁰ Jeffrey Berman writes that Gilman's story cannot "be adequately understood without a recognition of her own struggle against mental illness and the obstacles she had to confront both in her personal and professional life" (45). Few critics

²³⁰Though the language within Gilman's story and the episteme of its writing support my use of the term "hysteria," other diagnoses have been applied. For instance, Gilbert and Gubar suggest "severe postpartum psychosis" (89). In 1966, a collection called *Psychopathology and Literature* (ed. Leslie Rabkin) lists the story as an example of a schizophrenic reaction, though this tells us less about Gilman than about 1966, when "schizophrenia" was America's most-used diagnosis (Whitaker 168, Shorter *History* 296).

fail to mention Gilman's own experience being treated by that preeminent pre-Freudian American mind doctor, S. Weir Mitchell.²³¹ Mitchell's most notorious contribution, the "rest cure," reveals much about the eugenic episteme of psychiatry. The rest cure has as its premise the idea that people are born with an amount of nervous energy, a fixed quantity inherited from their parents, and the depletion of that energy is what leads to illness (Appignanesi 104-5). It is no accident that Gilman's heroine refers to her ailment more than once as "this nervous condition" and "only nervousness;" this is the language of the eugenic episteme and the psychiatric context for how she understands her illness. The activities that will deplete the nervous (as "The Yellow Wallpaper" indicates by the many proscriptions laid on its nameless heroine) include city life, socializing, mental or creative labor, and even being female. Actually, *especially* being female; the maintenance of the reproductive system was believed to use up much of this nervous energy. "Hysteria" has its roots in the uterus, first medically and forever linguistically.

Epitomizing the idea that women's internal biology connects to their emotional and mental fragility, hysteria is the archetypal vogue diagnosis for women. Its potential for both communicative power and adaptive regeneration has been explored by Edward Shorter (*Paralysis*) and Elaine Showalter (*Hystories*); though the name or symptoms may change, hysteria can be recognized whenever inner distress takes outward shape. Yet even if the communicative action is empowering, the label rarely is, as we see in the infantilizing treatment resulting from "objective" diagnosis in Gilman's story. Weir

²³¹This doctor is often featured in annotated versions of the story, clarifying the narrator's derogatory reference to him: "John says if I don't pick up faster he shall send me to Weir Mitchell in the fall. But I don't want to go there at all. I had a friend who was in his hands once, and she says he is just like John and my brother, only more so!" (Gilman) Gilbert and Gubar offer this quotation to encapsulate not only this doctor, but the thought culture surrounding writers like Gilman: "The man who does not know sick women does not know women" (Mitchell qtd. 45). Gilman's literary retort seems rather justified in this light.

Mitchell's cure forces the restorer to stop depleting her nervous energy; that is its medical goal. Yet it also has an ideological goal, which I will address shortly.

"The Yellow Wallpaper" stages a rest cure gone terribly wrong to show how wrong the doctors are to impose it. John, the husband, does to our narrator what Mitchell did to Gilman. But even if we lacked that biographical fact, the protest would be clear.

This early passage shows the levels of patriarchal error inflicted on our heroine:

John is a physician, and *perhaps* – (I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind) –*perhaps* that is one reason I do not get well faster.

You see he does not believe I am sick!

And what can one do?

If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression – a slight hysterical tendency – what is one to do?

John is doubly empowered as both husband and physician, and the heroine is thus doubly dependent. He embodies the paradox pointed out by Janet Walker: "the very institution to which women are forced to turn for help (out of conventions and lack of alternatives) is itself an institution that oppresses women" (20).²³² Walker is referring to psychiatry, but in John's case, medicine compounds with matrimony. As doctor/husband, he has complete authority to dictate his wife's treatment as well as her public story; he assures her friends and relatives that she is *not* sick. The refrain "what can one do?" suggests her awareness of her powerlessness.²³³ Yet she also maintains a subjective space apart from

²³²See Garland-Thomson, who writes: "Women, the disabled, and people of color are always ready occasions for the aggrandizement of benevolent rescuers, whether strong males, distinguished doctors, abolitionists, or Jerry Lewis hosting his telethons" (8). See also Germaine Greer on the idea that psychiatry reinforces gender roles when women seek aid for their unhappiness, which Greer calls "an extraordinary confidence trick" (qtd. in Hubert 61).

²³³In her study of women's madness narratives, Susan Hubert suggests a crucial difference between the nineteenth and early twentieth century, arguing that the absence of a strong feminist discourse, and the increasing presence of a Freudian one, created greater acceptance of the doctors' versions (57-8). Any sense of what one could do was being dramatically reduced at the time of Gilman's writing.

his diagnosis. She submits to John's prescription, but not his judgment, for she does not agree that she is "not sick." In fact she believes that John's judgment is part of what keeps her from "getting well faster." As Jill Asbury puts it, "Gilman makes it quite clear that the blindness of John's model of his wife's illness and the cure that flows from this model guarantee that her initial distress will be exacerbated and transformed into true madness" (35). In its combination of distress and blindness, "The Yellow Wallpaper" offers both poles of identification: sympathy, in the form of the first-person narrator and her own subjective account of herself, and diagnosis, in the form of an objective – and utterly wrong – doctor.²³⁴ The temporal plot twist Gilman provides is that the narrator's experience of distress is significantly worsened, if not entirely created, by the treatment doctor/husband John provides. The cure becomes the cause. In so structuring the plot of her story, Gilman indicts the cultural, not the biological, limits to women's mental health.

In women's madness narratives, what is "wrong" with the women in question has particular meaning and placement in time.²³⁵ The "slight hysterical tendency" or "nervous troubles" reported by the narrator receives the eugenic-era treatment of seclusion and inactivity. As I said, this rest cure has an ideological as well as a medical goal: to break down the unhealthy habits that have led to illness. This is what made it such an attractive

²³⁴While it is true that John's treatment is a significant factor in the narrator's collapse, her increasing unreliability blunts the critique of matrimony a bit. For example: "There are only two more days to get this paper off, and I believe John is beginning to notice. I don't like the look in his eyes. [...] He asked me all sorts of questions, too, and pretended to be very loving and kind. As if I couldn't see through him!" She is not wrong to "see through" his disciplinary questions, but it is clear at this point that "the look in his eyes" is also motivated by her stranger and stranger behavior.

²³⁵These particularities are most useful as we resist "universal" meanings for madness; as Thomson writes in *Extraordinary Bodies*, some representations "accentuate the marked body's historical context, infusing the material body with social meaning rather than metaphorical significance, surrounding them with life rather than props. By connecting physical being with individual history and culture, [certain protagonists] define the self in terms of its uniqueness rather than its conformity to the norm" (132).

treatment for hysteria. If we take Shorter and Showalter's point that hysteria is as much a communicative ailment as a biological one, part of what it communicates may be a resistance to the strictures of turn-of-the-century patriarchal society.²³⁶ Hence the ideological import of the rest cure. Under its aegis, symptoms and causes are conflated; hysteria looks like women doing what we don't want them to do (demanding attention, either in the public or private sphere, or attempting non-domestic work), and it is caused by the depletion of nerves caused by such activities as demanding attention or working. As is often the case between women and doctors, the advice that claims to be medical is actually moral. Susan Hubert points out that this late Victorian morality insisting on limitations of women is made literal in their confinement at home or in institutions (59). The communicative act of hysteria is answered by a treatment that is at once a clear responding message (chiefly, "oh no you don't") and a non-metaphorical reality. Gilman's story reveals both the coercive nature of this treatment as well the outrage of moral management. The inactive solitude of the narrator of "The Yellow Wallpaper" is her prescription, but as we see, it is also her poison. The ideology that would cure the madness of active or demanding women induces a far more serious madness.

Early in the story, the narrator decides to "talk about the house" instead of "think[ing] about my condition," which her husband says is "the very worst thing I can do." Though she begins with the garden and the residence as a whole, she soon narrows her powers to the environment she has been barred from leaving: the room at the top of

²³⁶On hysteria as an enactment of rebellion or resistance (however unsuccessful) to the female role, see Chesler (76); Appignanesi's discussion of Alice James, sister of William and Henry (114); and Showalter's *The Female Malady*, in which she writes that "hysteria was at best a private, ineffectual response to the frustrations of women's lives [and was] tolerated because in fact it has no power to effect cultural change; it is much safer for the patriarchal order to encourage and allow discontented women to express their wrongs through psychosomatic illness than to have them agitating for economic and legal rights" (161)

the house, with the yellow wallpaper. Through her descriptions of this external spatial environment, the narrator reveals her own inner world as well. She begins by calling it “a big, airy room” and notes its paper of “a smouldering, unclear yellow” with a pattern “dull enough to confuse the eye in following, pronounced enough to constantly irritate and provoke study.” A bit later she describes her growing preoccupation with the paper:

I lie here on this great immovable bed – it is nailed down, I believe –and follow that pattern about by the hour. [...]

I know a little of the principle of design, and I know this thing was not arranged on any laws of radiation, or alternation, or repetition, or symmetry, or anything else that I ever heard of.

It is repeated, of course, by the breadths, but not otherwise.

Looked at in one way each breadth stands alone, the bloated curves and flourishes –a kind of “debased Romanesque” with delirium tremens – go waddling up and down in isolated columns of fatuity.

But, on the other hand, they connect diagonally, and the sprawling outlines run off in great slanting waves of optic horror, like a lot of wallowing seaweeds in full chase. [...]

It makes me tired to follow it. I will take a nap I guess.

The narrator’s description, not only of the paper itself, but of her attempt to find reason (or “principle” or “law”) in it, suggests that her distress is owed to her prescribed mental inactivity. To avoid atrophy while in a nailed-down bed, her mind seizes upon the one thing there is to contemplate. We understand her mental state through her description, and we too develop an obsession with the pattern Gilman makes central to her story. When, after a few weeks of inactive isolation, the narrator believes she sees a woman in this paper, this makes her life “very much more exciting” because her “cure” is to have nothing else to excite her. Though she early reports “cry[ing] at nothing, cry[ing] most of the time,” all that time and all that nothing end up boring her well past tears.

“The Yellow Wallpaper” turns on a fulcrum of revelation: what you thought was one way is turns out to be quite another. On an interpretive level, what is revealed is the

flaw in patriarchal-medical ideology. But this level would not be accessible without the temporal level, wherein what is revealed is the extent of the heroine's breakdown. Unlike later madness narratives, this story does not conclude with the heroine's return to health. Rather, it arrives at a climax revealing that the heroine's sickness is far more serious than anyone thought. Through this climax, readers learn the full extent of the wrongness of the doctor. What begins as the narrator's examination of the wallpaper as the only point of interest in her room ends with her stripping that paper off the wall to free the woman behind it, and biting the bed in fury when she is unable move it to reach further. Her last words to John before the story ends are: "I've got out at last [...] And I've pulled off most of the paper, so you can't put me back!" John faints upon hearing these words, and his response signals the magnitude of the revelation. What he thought was curing her actually precipitated a psychotic state, wherein the "I" who has "got out" is not the same "I" who "pulled off the paper;" the wife he meant to return to a state of docile and compliant good health has eluded him by becoming a different "me" who refuses to be "put back." Whether this madness is "triumphant or tragic," as Arthur Weinstein puts it (182), a daring escape from medical clutches or a collapse into even greater powerlessness, is up to the reader.²³⁷ The story concludes precisely at its climax. Gilman has staged the temporal revelation; its exegesis is left open.

This abrupt crest of revelation recalls the tales of Poe. However, the difference between Poe and Gilman, as Berman points out, is that a reader of, say, "The Tell-Tale Heart" "soon learns that the first person narrator is crazy and can thus distance himself from the homicidal character," whereas the gradual mental change in "The Yellow

²³⁷Critics, being readers too, make their choices; Gilbert and Gubar see several "triumphs" in the heroine's end, including reducing John to a girlish swoon, but also her creative imagination of freedom (91).

Wallpaper” denies any such diagnostic distance: “there is no specific moment in the story when we can say that the narrator has suddenly become mad. It happens mysteriously, imperceptibly” (53, 57). Entering the subjective internality of the heroine, seeing the room and her situation through her eyes, precludes our full consensus with John’s diagnostic judgments. The passage quoted above makes us sympathetic allies against John, as we, readers of this “dead paper” hear the things she “would not say to a living soul.” Once we have entered this state of sympathy, we cannot easily extricate ourselves from it. When her madness has become fairly florid, it remains immersively subjective:

I am getting angry enough to do something desperate. To jump out of the window would be admirable exercise, but the bars are too strong even to try.

Besides I wouldn’t do it. Of course not. I know well enough that a step like that is improper and might be misconstrued.

I don’t like to *look* out of the windows even – there are so many of those creeping women, and they creep so fast.

I wonder if they all come out of that wall-paper as I did? (Gilman)

Even knowing that she believes she has come out of the wallpaper, and that she sees similar phantoms everywhere, this passage maintains readers’ alliance with the narrator’s subjective experience. If she is “getting angry,” ready to “do something desperate,” we know how justified she is in both anger and desperation. The idea of jumping out the window, as either an escape or suicide attempt, is not sudden or spontaneous. Still less is it biologically induced. The same circumstances that prevent her from jumping have put her into a state which makes such action seem an “admirable exercise.” The bars on the windows were meant to keep children safe, but now they suggest her imprisonment and its transformative results. She is so tightly bound by what would be construed as “improper” that she no longer even dares to look out the window. This passage starts with justified emotion, then reiterates the physical and societal restrictions that both cause and

reflexively invalidate that emotion. Grounded in the material conditions of the narrator's mentality, and only gradually building to the revelation of a twist, this passage is a microcosm of the story's overall structure. The shock of the narrator's madness – the hallucination of those many fast-creeping women out the window and the delusion that she has come out of the wallpaper – is thus pre-empted and challenged by the outrage of what's been done to her.

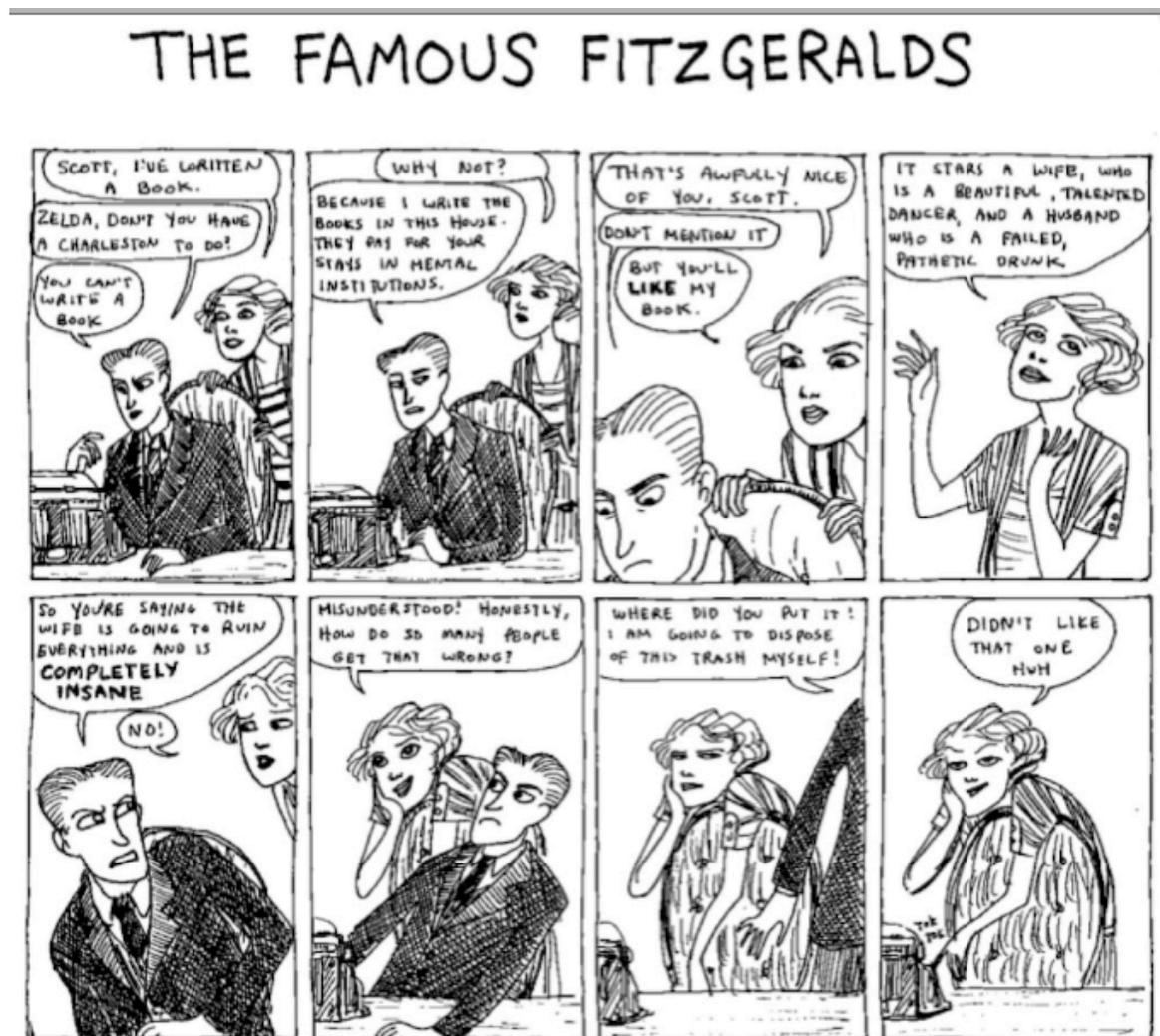
Even if Gilman's heroine becomes "one of those creeping women," struggling and failing against the pattern that binds her, her sympathetically rendered subjectivity keeps her madness from being reduced to a case of hysteria, easily solved, easily controlled. The experience of reading her story is inextricable from her own subjective "mad" perspective. Her descriptions of her environment, combined with the temporal reversal of cure-as-cause, conveys this heroine's experience of madness as something to be understood from within even as we see its indebtedness to the world (or deprivation of a world) without. Though hysteria is no longer a common diagnosis, it has left a legacy on how women's madness has been interpreted and portrayed. Yet when we look at the temporal emphasis within the existential plot pattern, we see that even this gendered and bodily diagnosis can be retorted and can reveal the contingencies of social and medical oppression that surround women's minds and bodies. Whether women's madness narratives are rooted in biography or imagination, they make space in readers' minds for alternate mentalities and distressed subjectivities. As we consider the following fictions, we must be aware of both key historical differences and key representational similarities, staying alert for patterns that can strangle and for the ways that these writers succeed in climbing through those patterns and communicating something real about distress.

Schizophrenia in Two Voices: F. Scott Fitzgerald's *Tender Is the Night* and Zelda Sayre Fitzgerald's *Save Me the Waltz*

"Suddenly it dawned on me that there were two versions of the nightmare we had been through – his version and my version – and that they coincided in no way at all. Brian not only had no empathy for my unhappiness; he had no awareness of it." (Erica Jong, *Fear of Flying*)

"Didn't like that one, huh" (Kate Beaton, "The Famous Fitzgeralds") (see Figure 1)

Figure 1



So, I said I would work on something with the Fitzgeralds, and here they are in all their glory, ruining each other's dreams. First Zelda got a bad rap for mucking things up for Scott, then the other way around. But the truth is, they were both a big mess. Let's call it a tie.

Hysteria had its era of vogue, but soon other manifestations and names of distress surpassed its popularity. Showalter argues that after the Great War “the female malady, no longer linked to hysteria, assumed a new clinical form: schizophrenia” (*Malady* 203). But the Great War was not the only historical event that shaped mental health theory and practice. The field of psychiatry was becoming well-known, even mainstream, in the early decades of the twentieth century. Given his influence on the treatment of American women, it behooves us to address one of the men whose work defined that field: Sigmund Freud. Allen Thiher suggests that Freud’s popularity can be attributed to his refusal to find madness meaningless, a refusal without which “it is quite likely that the shape of twentieth-century art and literature would have been quite different from what it is” (248). Though I have argued that Freudian thought achieved its popular apex in the psychodynamic era (roughly 1945-1970), Freud’s influence on art and literature began far earlier. Even his first publication, *Studies in Hysteria* (with Josef Breuer), was eagerly received and transmitted. Historian Nathan Hale suggests that this volume “provided the basis for most early American impressions of Freud’s technique” (*Beginnings* 185).²³⁸ These impressions form a crucial foundation for twentieth-century madness discourse.

Two of the most influential ideas from *Studies in Hysteria* carrying into later understanding are first, that madness is personal, rather than hereditary, with causes locatable in lived events and not genes;²³⁹ and second, that treatment should involve

²³⁸The techniques and cures described in *Studies in Hysteria* have such an influence on storytelling that, as film scholars Gabbard and Gabbard put it, “it would seem that [Hollywood] stopped reading Freud’s work at this particular historical point” (37).

²³⁹Rachel Bowlby argues that though Freud never outright rejected heredity, he spoke against the prevailing wisdom that it mattered *most*, more than the events of one’s life: “The practical difference between heredity and events is that events, in their contingency, leave open a possibility of cure” (xiii). This is the point of Roudinesco’s defense of Freud in the psychopharmacological era. See also Appignanesi’s claim that “we may be our bodies, but our bodies are hardly all that we are” (480).

making sense of those lived events in a narrative form – that un-rupturing the story will also suture the psyche. Thus Borch-Jacobsen’s observation that “A good analytic construction has all the characteristics of a good plot” (149); Freud finds sanity in the unified whole, be it a whole person or whole story. We can hardly share his disingenuous surprise, then, when he remarks: “I myself still find it strange that the case histories that I write read like novellas and lack, so to speak, the serious stamp of science” (164).²⁴⁰ Freud’s science reads how he wrote it, and he wrote it as he envisioned both the science of psychiatry and the mental health it was supposed to promote: in narrative form.

To briefly review the importance of narrative: Psychoanalytic theory and practice seeks the story to go with the symptom. As we read in *Studies in Hysteria*, “hysterics suffer for the most part from reminiscences” (11). The search for the reminiscence that will make sense of symptoms (in theory, by alleviating or erasing them) defines the Freudian influence that persists in the fictions following Gilman’s. Freud compares the procedure to “excavating a buried city” (143). This archeological metaphor implies the guiding hand of oversight the doctor can provide; the story surely cannot uncover itself.

This oversight leads many feminist critics to excoriate Freud, seeing him as a bully, the ultimate “Doctor Wrong.” In his case history of “Fraulein Elisabeth von R,” Freud describes the excavation and his role in it in terms that, from our vantage, cannot help but rankle: “I began by getting the patient to tell me what she knew and paid careful attention to those areas where a connection remained enigmatic, where a link in the chain

²⁴⁰Many have commented on this irresistible quotation: see Cokal (85); Berman, who finds it self-effacing (8); and Showalter (*Hystories* 84). Borch-Jacobsen notes the epistemological problems of Freud’s narrative style, inherently retrodicted and reorganized, making the narrated event “constructed, fabricated, and assembled by a narrator who makes it and speaks from his chosen point of view” (145), though he also acknowledges that patients participated in their own narration by responding to expectations (51).

of cause and event seemed to be missing” and later, he will return to these areas in order to “penetrate further into deeper layers” (143). Even if we set aside the sexual tone, the division between “what she knew” and those enigmatic links for which he “penetrates” implies a hierarchy of narrator and narrated, doctor and object. His version *is* the story, hers only what allows him to construct it. When Elisabeth rejects Freud’s ascription of her leg pain to a repressed desire for her brother-in-law, he (indirectly) cites her words as a “desperate effort” to deny his uncovered truth: “I had talked her into it, it was impossible, she wasn’t capable of such wickedness” (161). Not only is this an example of what Astbury calls Freud’s “gaslighting” of women by refusing to take them seriously (137), it shows the power at stake in narration. At least one of Elisabeth’s indirectly quoted complaints is quite true: Freud *did* “talk her into it.” Or, rather, he *wrote* her into it, because without his narrative based on her experience, this version of her life would not exist. He diagnosed her with “a secret” (142) and then pressed her – literally, putting his hand on her forehead to stimulate her recollection (157) – for a plot that would reveal what he was looking for. If she failed to offer the desired information, Freud believed she withheld deliberately, which he claimed “she had no right to do” (157). Without the right to narrate her life as she pleases (at least not in print), Elisabeth von R. can be glimpsed only fleetingly, within the words of the doctor who excavated and displayed “her” story.

But this is not always the case. Zelda Sayre Fitzgerald, though still muzzled in some ways, was able to tell a story in her own voice. In 1930, Sayre Fitzgerald (which is how I will refer to her to avoid both confusion and the infantilizing repetition of her first

name) was diagnosed with schizophrenia.²⁴¹ This diagnosis and its etiology became an integral part of her husband F. Scott Fitzgerald's novel *Tender Is the Night* (1934); the experience of and broader temporal causes for madness fueled her novel *Save Me the Waltz* (1932). Sayre Fitzgerald's novel does not name madness directly, though it was written while she was a patient at Johns Hopkins University Hospital. Yet Mary Wood rightly calls madness "the obscured yet always present subject of the novel" (254). The subject-obscuring may have been due to outside insistence; comics artists Kate Beaton is able to joke that Scott "didn't like that one" because when Sayre Fitzgerald sent a draft to editor Maxwell Perkins, a furious Scott demanded that she excise anything that overlapped with his material (Brucoli 320). Ironically, tragically, Scott's "material" was his wife's experience. But Sayre Fitzgerald spoke too; spoke first; spoke powerfully and deliberately to convey a lived experience beyond the expertise of doctors or husbands.

In 1899, Emil Kraepelin defined "dementia praecox," but soon after its coinage in 1911, Eugen Bleuler's "schizophrenia" became the preferred term. Between the two we can see traces of an epistemic shift; the former, with its sense of senility-too-soon, implies time and heredity, whereas the latter implies a present state of mind. That said, there are still confusions in both name and definition. Though the term "schizophrenia" literally means "split mind," it does not mean multiple personalities (nor should my "two voices" title for this section be read that way).²⁴² Schizophrenia remains a contested

²⁴¹It should be noted that Fitzgerald's diagnosis has also been retroactively challenged; see Cline (266-9). So many years later, with different and more developed diagnostic criteria (the first *DSM* wasn't published until 1952, 22 years after Fitzgerald's first medical consultation), it is impossible to say for sure.

²⁴²Shorter calls the name "an unfortunate choice," asserting testily that "In schizophrenia, nothing is split" (*History* 108). This misunderstanding accounts for many of the term's figurative uses, including Gilbert and Gubar's, who call the negotiation of competing expectations the "female schizophrenia of authorship" (78). This is also how political pundits often use the term, as a hyperbolic means to criticize someone who has contradicted him- or herself. Once one starts noticing these things, one discovers they are omnipresent.

disease entity, with disputes about its etiology, singularity, and historicity.²⁴³ It appears to occur consistently in about 1% of the population, but outcomes vary widely depending on culture and treatment. Most definitions emphasize a flatness of affect as the most reliable symptom, an indifference to external events or even personal interests, with additional “positive” symptoms of delusion or hallucination, including the auditory hallucinations or “voices” that, on television, so instantly connote this diagnosis. Schizophrenia became one of America’s biggest vogue diagnoses during the Cold War, with a 1978 estimate suggesting that more than 100,000 people were misdiagnosed in the past 30 years (Whitaker 169).²⁴⁴ In some ways this second vogue may overshadow the first, as it was in the 1960s that antipsychiatrists such as R. D. Laing embraced schizophrenia in particular as a “special strategy” reflecting more on the surrounding culture than on the suffering individual. Moreover, the schizophrenic boom of the 1960s resulted in one of the most popular women’s madness narratives, Joanne Greenberg’s *I Never Promised You a Rose Garden*, which has been continuously in print since 1964 (Hornstein 10).²⁴⁵ Yet the earlier vogue that caught Zelda Sayre Fitzgerald and changed her life story is equally important. In 1930, 22% of admittances to American mental hospitals were diagnosed with schizophrenia (Geller 256). In the 1920s and 30s, schizophrenia was the new female

²⁴³For a range of viewpoints on these disputes, and an overview of the challenge of defining distinct disease entities with stable and diagnostically reliable symptoms in a realm in which “whatever the mind can imagine about itself often becomes the case” (Thiher 287), see Andreasen (51-61); Shorter (*History* 63, 296); Borch-Jacobsen (213); *The Female Malady* (204); Hacking (*Travelers* 9); and Grob (216).

²⁴⁴Whitaker frames this spike in popularity in historical terms, but also in terms of the available treatment: “People with widely disparate emotional and behavior problems – some anxious, some morbidly depressed, some hostile, and some afflicted with odd notions and bizarre thoughts – were regularly funneled into a single diagnostic category, schizophrenia, and then treated with neuroleptics” (174).

²⁴⁵Hornstein calls Joanne Greenberg’s novel “the single best patient narrative ever published” (10). For more on J. Greenberg’s use of description rather than formal experimentation to convey her protagonist’s madness, see Keitel (15, 82-4); see also Berman (154-76).

malady, and fictions depicting it offer a literary opportunity to both blame and privilege internality, as what goes wrong with women is best understood by knowing what it is like to *be* them.

Together, the Fitzgeralds have a multivalent iconicity: they stand for the Jazz Age;²⁴⁶ for youthful success and attendant hedonistic dissolution; for glamour, passion, and wasted talent; for a mutual downward spiral of madness and alcoholism. Although I am about to offer analyses suggesting that Sayre Fitzgerald may have done a better job at using literary tools to convey the lived experience of madness, I would like to make two disclaimers before I do so. First, the appreciation of the Fitzgeralds should not be a zero sum game, wherein we weigh and reweigh whose destructive behaviors thwarted whose genius on some see-sawing critical scale. As Beaton writes, “Let’s call it a tie” (150 [see Figure 1]). Second, madness narratives based on imagination and artistry rather than memory and authenticity are still valid aesthetic and ethical objects. Mitchell and Snyder opt not to damn as “impersonators,” writers such as Ken Kesey or William Faulkner, instead noting their “attempt[s] to cross the threshold of disabled subjectivity (174). These attempts are not inherently unethical, though questions of threshold-crossing do have an ethical component. For instance, the imaginative projection into the minds of Chief Bromden or Benjy Compson seem less offensive than F. Scott Fitzgerald’s declaration that “Everything that we have done is mine. [...] That is all of my material. None of it is your material” (qtd. in Brucoli 320). A real-life subjectivity and identity are different kind of “material.” Wood has noted the importance of Zelda Sayre Fitzgerald’s life and writing as “material,” arguing that “her illness served as a focal point for

²⁴⁶John T. Callahan uses a madness metaphor to express Scott’s responsibility for the term, saying he “named and chronicled that brash, schizophrenic decade” (374) – though there is self-evidently nothing “schizophrenic” about either jazz or the 1920s. I could write footnotes like this for practically every page.

significant early twentieth-century narratives about women and mental illness” (249).²⁴⁷ Being a “focal point” is the traditional madwoman’s position: she is a nexus for others to see through and speak about, a silent, refracting icon. But Sayre Fitzgerald’s novel defies that silent image; her story is not *just* a focal point for others, but also material on which she herself reflected.²⁴⁸ *Tender Is the Night* may be the better known version of what Jong calls “the nightmare,” but it is not the only version.

Though F. Scott Fitzgerald began work on *Tender Is the Night* in 1925, it took nine years and much spousal distress to complete. This novel centers on Dick Diver, psychiatrist, and his beautiful wife and ex-patient, Nicole. The couple live a grand expatriate life on the Riviera, marred only by Nicole’s occasional relapses (and Dick’s affair with the rising ingénue, Rosemary Hoyt). By the end, Nicole has recovered and remarried, while Dick has fallen from his high potential to practicing in a small American town. Questions of objectivity and subjectivity emerge almost immediately, and of the “right” to tell a story.²⁴⁹ As I said, my intention is not to privilege either version based on competing and infinitely debatable claims of authenticity or talent; fiction is always a

²⁴⁷Even later twentieth-century narratives continue to use Zelda as a “focal point;” in the dual memoir *Too Much Anger, Too Many Tears*, Paul Gotkin records a reading of both *Tender Is the Night* and Nancy Milford’s biography *Zelda* and being pained by the similarities to his own relationship with his wife Janet, also diagnosed a chronic schizophrenic (369-71). See also Appignanesi comparing Zelda Sayre Fitzgerald to Virginia Woolf and Lucia Joyce (221-51). Both Sayre Fitzgerald and Woolf have had their iconicity reflected onstage as well, in Kay McDonagh’s play *Zelda* (1978) and Edna O’Brien’s play *Virginia* (1985).

²⁴⁸Critics of *Save Me the Waltz* still often see it as a reflection, shedding light on the greater *Tender Is the Night*. Biographer Matthew Bruccoli displays a blend of Scott-favoritism and Zelda-sensitivity in his assessment: “*Save Me the Waltz* is worth reading partly because anything that illuminates the career of F. Scott Fitzgerald is worth reading – and because it is the only published novel by a brave and talented woman who is remembered for her defeats” (“Afterward” 206). Even if I agreed – I don’t – I refer to Kiki Benson’s discussion of depression and internet expression, in which she writes “not all valuable texts are beautifully written” (qtd. in Clark 151).

²⁴⁹In reaction to *Tender Is the Night*, Zelda Sayre Fitzgerald said: “What made me mad was that he made the girl so awful and kept on reiterating how she had ruined his life and I couldn’t help identifying myself with her because she had so many of my experiences” (qtd. in Appignanesi 237).

combination of what one has lived through and what one can imagine, and both husband and wife were miserably rich in both fields.²⁵⁰ Rather, my intention is to show how F. Scott Fitzgerald's version of a women's madness narrative emphasizes different aspects of experience, both solving and subsuming the temporal mystery, thus putting a reader in a different relation to Nicole Diver than Sayre Fitzgerald creates for her heroine.

Tender Is the Night is divided in three parts, and this structure contributes to a reader's relationship to Nicole and her madness. Part One describes the Divers' life through the eyes of young Rosemary and culminates with Nicole's psychotic break in a bathtub in Paris; Part Two flashes back to cover Nicole's hospital years, her trauma, her recovery, and her early marriage; Part Three details her improving – and Dick's failing – health and their eventual divorce. This symmetrical arrangement (the storied “present” sections surrounding the discursive “past”) makes Nicole's experience literally central.²⁵¹ Yet, despite being the heart of the novel, Nicole is also framed and contained by it. There are few opportunities to sympathize with Nicole, to be immersed in and see from her perspective, and far more to diagnose her. Our most extensive forays into her subjectivity occur in the middle section. After 112 preceding pages, however, we have already been conditioned to receive her as an object (of Rosemary's curiosity as well as Dick's diagnosis and desire), and we will return to looking (primarily) *at* her, instead of through her, once Part Two has come to a close. In this light, Nicole remains what one of her

²⁵⁰The combination of wealth and misery is best articulated by Arthur Weinstein, who refers to “the mix of writerly gold and personal horror that is embedded in this situation” (198). Proving that there can be more than one source of misery in a marriage (and more than one madness narrative), see Torrey and Miller on F. Scott Fitzgerald's alcoholism and depression, chronicled in the story “The Crack-Up” (294).

²⁵¹Walker and Cokal both note that the Part Two flashback breaks the mystery of psychoanalytic catharsis by shifting the emphasis; the secret is revealed too soon, and thus narrative resolution does *not* come from the psychiatric solution. See Walker (78-9) and Cokal (76).

doctors calls her when she arrives at the clinic: “a beautiful shell,” a container designed to hold a story that never quite seems to be hers (*Tender* 120).

In Part Two, Nicole’s subjectivity is evoked in a number of ways. Her letters are quoted (121-4);²⁵² she speaks for herself in challenging flirtations with Dick (154). Yet even when her own words are included, the discourse of everyone about her overpowers them. The letters are quoted as her doctors read over them; her flirtation with Dick comes after he discusses the Nicole-the-patient’s future with her sister. Any opportunity we have to enter her perspective is thus heavily mediated by the circumstances in which we encounter it. One section, however, blurs these mediated lines. This section, late in Part Two, doesn’t use quotation marks, but rather puts a reader directly in Nicole’s post-marital stream of consciousness. Many of the paragraphs start with ellipses, furthering the feeling of sudden immersion, of dropping in on something already in progress. Perhaps the most interesting part of this section is when Nicole reflects on travel and on a breakdown she has after the birth of their daughter:

But I was gone by that time – trains and beaches they were all one. That was why he took me traveling but after my second child, my little girl, Topsy, was born everything got dark again.... If I could get word to my husband who has seen fit to desert me here, to leave me in the hands of incompetents. [...] When I get well I want to be a fine person like you, Dick – I would study medicine except it’s too late. We must spend my money and have a house – I’m tired of apartments and waiting for you. You’re bored with Zurich and you can’t find time for writing here and you say that it’s a confession of weakness for a scientist not to write. And I’ll look over the whole field of knowledge and pick out something and really know about it, so I’ll have it to hang on to if I go to pieces again. You’ll help me, Dick, so I won’t feel so guilty. (*Tender* 161)

This is the nearest we get to Nicole’s internality, seeing-with rather than looking-at her.

As an imaginative projection, this emphasizes the fragmented quality of her thinking as

²⁵²Returning to the ethical problem of “all of it is my material,” parts of these “fictional” letters are lifted verbatim from Zelda Sayre Fitzgerald’s missives to her husband; see Cline (338).

she moves from “why he took me traveling” to being “in the hands of incompetents” to wishing for a house and looking for something to “really know about [and] hang on to.” The use of dashes underscores her leaps and associations. Yet there is little description, particularly of the mad experience itself. We might see Nicole’s perspective in ideas like being “gone,” when “everything got dark,” as opposed to the vocabulary doctors would use. But as descriptors, “gone” and “dark” are absences, conveying almost nothing. Perhaps Nicole can find no better way to name the famously incommunicable experience of madness, or perhaps these are the limits of her creator’s imagination. Such a passage does deepen Nicole’s character by expressing her anger at being “deserted,” as well as her regret, planning, concern, fear, and good intentions. Yet this section is three pages in a novel containing more than 300. With her perspective making up 1% of the story, Nicole is far more object than subject. Even in her recovery, we rarely approach Nicole more closely than this; the narrative voice retreats to a mostly omniscient third person, to knowing and judgmental distance.²⁵³ A third-person narration is not necessarily unfair or inaccurate; nevertheless, this version of the story puts a reader in a diagnostic relationship to Nicole, studying her madness rather than accessing its experiential quality.

Tender Is the Night foregoes an existential plot of what Nicole’s madness is like. Instead, it offers two temporal plots: in Parts One and Three, we see what her madness causes in Dick’s life; in Part Two, we see what caused it in her own. In addition to being subsumed by the novel’s tripartite structure, the temporal plot of Nicole’s madness is

²⁵³There are some exceptions, as in the passage where free indirect discourse tells us that Nicole knows she can’t escape into fantasy or let Dick think for her anymore: “Either you think – or else others have to think for you and take power from you, pervert and discipline your natural tastes, civilize and sterilize you” (290). This does give some sense of what is happening within Nicole. Overall, however, the effect is to downplay her subjectivity; perhaps this accounts for Hemingway’s response, telling Scott in a letter that he “produced not people but damned marvelously faked case histories” (qtd. in Bruccoli 371).

weakened by how thoroughly it is solved. Not only does Nicole's schizophrenia have a very clear cause, it also has an end. Both of these facts are sadly at odds with the material that inspired the book.²⁵⁴ Only in fiction can the answer be so well-defined. Nicole's diagnosis is made explicitly – is, in fact, quoted from the diagnosis given to Zelda Sayre Fitzgerald. At a clinic in Switzerland, Dr. Dohmler diagnoses Nicole in French (with footnoted translation): “Diagnosis: Divided Personality [Schizophrénie].²⁵⁵ Acute and down-hill phase of the illness” (*Tender* 128). This label is given to Nicole not only for reasons of biographical fidelity. E. W. Pitcher sees “schizophrenia” as part of Fitzgerald's attempt to make Nicole the representative of the twentieth century. Her year of birth links her age to the era, and more significantly, the course of her illness links to her the events of the Great War: “Of course, Nicole's ‘war’ is internal, but the parallels are too striking to be coincidental,” he writes (76).²⁵⁶ In this reading, Nicole Diver is at least partly a sociological heroine, whose vogue diagnosis is meaningful because it collapses the international, external fractures of war into the internality of a single female body. Yet even if we accept this interpretation, Nicole's diagnosis still comes with a personal story,

²⁵⁴On how little we know of Zelda Sayre Fitzgerald's distress, see Appignanesi (227) and Berman (61).

²⁵⁵As I mentioned earlier, this is a common misconception, one not dispelled in this novel. Dick reflects: “A ‘schizophrène’ is well named as a split personality – Nicole was alternately a person to whom nothing need be explained and one to whom nothing *could* be explained (191). Incidentally, not everyone is satisfied with this fictional diagnosis. Berman, for example, complains Nicole “hardly appears schizophrenic at all” and “rarely seems mentally ill to us and never psychotic except for a few moments” (82-3).

²⁵⁶For example, her letters are shown as pathological “up to about the time of the armistice,” at which point they start getting better (*Tender* 121). Pitcher goes on to say: “Through the story of Dick and Nicole, Fitzgerald meant to convey a very complex set of themes with universal implications. He tried to diagnose not only the underlying tensions, the individual torments, and interpersonal conflicts of the Divers' love-hate relationship, but also to generalize their private drama into a case history of twentieth-century malcontent, while intimating that nations as much as individuals suffer psychological breakdown” (87).

one colored by the competing epistemic discourses of heredity and psychodynamism.²⁵⁷

When Nicole's father Devereux Warren is told to "start at the beginning and tell me everything," he responds: "There isn't any beginning, at least there isn't any insanity in the family that I know of, on either side" (*Tender* 126). At least at first, he conceptualizes a "beginning" before Nicole's birth, in her ancestry, positing the hereditary explanation characteristic of the eugenic episteme. Moreover, when Warren finally reveals a different beginning, he calls himself a "goddamn degenerate" (129), using eugenic terminology even as his story takes a sharp turn in a Freudian direction.

But what is that degenerate beginning, the traumatic secret that solves the temporal mystery posed by Nicole's madness? The source of madness, and thus of its etiological (re)olution is an incestuous encounter between father and daughter.²⁵⁸ Like the reading of Nicole's letter, the revelation of this episode is thoroughly mediated: Dick's friend and colleague Franz reports the confession that Dr. Dohmler heard from Devereux Warren, a chain of male discourse that Wood suggests gives the doctors both narrative and institutional power over Nicole's violation (251). Such a chain certainly brackets the immediacy of the revelation. As a cause, this is simultaneously clear and muddled, present and deferred, by such narrative sleight-of-hand. The layers of versions

²⁵⁷Unlike hysteria, the diagnosis of schizophrenia has shown an adaptability to multiple epistemic discourses, as Barbara Schneider notes (129). During the psychodynamic era, schizophrenia could be attributed to "refrigerator mothers" (Borch-Jacobsen 188) or other terms of ego development, as we see in Harold Sampson's *Schizophrenic Women* (1964). R. D. Laing found the term suitable in the countercurrent of antipsychiatry, seeing it as attempted adaptation to a destructive environment. We see this in *I Never Promised You a Rose Garden* when the doctor wishes to tell her patient that her sickness "was also an adjustment; these hidden worlds – all of them – and tongues and codes and propitiations were for her the means to stay alive in a world of anarchy and terror" (63). Lately, E. Fuller Torrey et al's *Schizophrenia and Manic-Depressive Disorder* (1994) and Michael Green's *Schizophrenia Revealed* (2001) emphasize neurological explanations. Clearly the diagnosis is resilient enough to encompass many epistemic attitudes.

²⁵⁸On this authorial choice of cause, Torrey and Miller write: "Like many educated people of his generation, Fitzgerald generally accepted the currently fashionable psychological explanations of insanity" (293), though they also note that the man and husband often wondered about biological causes.

involved in what precipitated Nicole's breakdown blur boundaries and make interpretation problematic; as Tougaw says of indirect discourse, "meaning depends on who is speaking, but it is never entirely clear who *is* speaking" (99). In this case, it is completely clear who is *not* speaking. When Dick inquires if Nicole ever addresses "the – horror," he is told that she does not (131). Not even indirectly do we hear her version of this event, allegedly so fundamental to her fractured psyche. The symmetrical structure that frames Nicole's experience is recapitulated when we get to the source and solution of that experience. The madwoman is so thoroughly contained by narrative patterns here that the existential truth about her eludes us.

This elusiveness might in itself be a representational strategy. Tougaw argues that framed stories and indirect discourse "creat[e] an epistemological impossibility for the reader, who cannot decide where the true story lies" (108). There is not much description, inner perspective, or subjectivity in *Tender Is the Night*, but there are layers of authority and a plethora of frames. For a careful reader, these elements create the possibility of alternate versions even where none is provided. Perhaps the degree to which the temporal solution is subsumed by other narrative interests could be seen to maintain the existential mystery by refusing to penetrate it further. Susan Cokal sees a deliberate absence of closure in *Tender Is the Night*, one she finds true to life in a way that Freud's case studies often are not (77, 98). Unlike Cokal, I find almost too much closure in the novel, with a neat ending for Nicole in sudden health and a new husband. Still, perhaps this ending should be praised for its hope rather than scolded for its tidiness. Fiction does indeed provide an opportunity for healing and closure that is not always present in life, and certainly was not present for the Fitzgeralds (Berman 85). But *Tender Is the Night* also

includes Dr. Diver's musing on the false analogy of "scars" to life's true suffering: "There are open wounds, shrunk sometimes to the size of a pin-prick, but wounds still" (168). Not all wounds can be expected to heal, and not all stories will – or can – be told.

Zelda Sayre Fitzgerald's *Save Me the Waltz* offered a story of wounds two years before *Tender Is the Night*. Knowing anything about the Fitzgeralds, a reader might come to Sayre Fitzgerald's novel expecting a story explicitly about mental breakdown and recovery. This is not what she wrote. This shows (first) that Sayre Fitzgerald was decidedly capable of seeing as an artist rather than a merely "authentic" patient; further, if the novel represents her experience as patient, it does so in deliberately veiled ways. Sayre Fitzgerald surely knew that her novel would be read as "her story;" she had already written a first-person narrative for the doctors in which she left blank lines for them to fill in, displaying a rather witty awareness of readership (Wood 249). Yet she was capable of shaping her "version" of the story as a retort to the stories of others – in publication history, even a pre-emptive retort. The absence of a fictional diagnosis may be an even more potent strategy than its direct repudiation; after all, what could be less convincing than a narrator protesting, as in Poe, "why will you say that I am mad?" At any rate, Sayre Fitzgerald's novel reminds us that, though she was diagnosed and institutionalized, she did not see those as being the only stories worth telling.²⁵⁹ Medicine may have confined her physically, but its discourse does not confine her story.

Save Me the Waltz tells the story of Alabama Beggs, daughter of the imposing Judge Beggs. She leaves her father's house to marry ex-soldier turned painter David

²⁵⁹See Schneider on how those diagnosed "schizophrenic" make personal narrative decisions as they shape their identities: "individuals engage in interpretive activity and make choices about how and to what degree they will take up or resist the discourse" (131). Though Schneider's interest is more contemporary, the point applies to Sayre Fitzgerald as well.

Knight. They live a sophisticated life of travel and parties (and have a daughter) until Alabama finds her purpose when she meets a great ballet teacher. She strives and strives, and eventually receives and accepts an offer to join the San Carlos Opera of Naples.²⁶⁰ Though she dances well, an infection ends her career and reunites her with David. The two of them return to America to be with her dying father. By the close, Alabama lives near home again, and David exhibits paintings of the ballet, and is commended for his “wonderful idea” (Waltz 201).²⁶¹ This narrative is fairly straightforward. Some see its directness as a kind of protective concession; Gail Hornstein suggests that some writers, like Sayre Fitzgerald, were deterred from major artistic risks “for fear of being seen as more strange than they already were” (10). It is also possible to read this story as a displacement of one kind of pathology for another. Wood argues that a “narrative about Alabama’s bodily experience is substituted for a suppressed story of mental illness” (247). The substitution sidesteps certain expectations or explanations; a ballet dancer’s struggles are grounded in the body, and thus reality, in a way that Gilman’s heroine’s are not. Masking the madness narrative may be a way to gain recognition for the experience of distress by framing it in familiar terms. Physical distress may be more easily imagined (or transmitted in language) than mental, so perhaps Sayre Fitzgerald chose it as a vehicle for a recalcitrant lived reality. Then again, perhaps she omitted madness from her artistic creation because she didn’t want to tell that story, maybe even didn’t accept that such a

²⁶⁰Depending on the sympathies of the biographer, this was either a real possibility for Sayre Fitzgerald (Cline 236-7) or a manifestation of how far gone her illness was; Bruccoli says that the “intensity” of her interest in ballet “was later recognized as a symptom of the mental collapse she suffered in 1930” (205).

²⁶¹This moment can be read as a reflection on how Scott had already received praise for his heroines, often drawn from her life (and letters and journals). It can also be seen as a prediction, since *Tender is the Night*, drawing from even more personal material, received many favorable reviews in 1934, including one from the *Journal of Nervous and Mental Disease* (Bruccoli 365).

story was hers. Though I do read *Save Me the Waltz* as a women's madness narrative, it is only fair to acknowledge that little of its explicit content requires such a reading.²⁶²

In its implicit content, however, *Save Me the Waltz* shares themes and strategies with other women's madness narratives. It stresses description and internality, repudiates wrong doctors, and insists that a heroine's subjective experience, her "version," is valid. Alabama's story has no great mystery, no multi-part flashbacks, no revelation. Rather, *Save Me the Waltz* narrates a woman gradually defining herself, moving away from father and husband until physical harm (both hers and Judge Beggs's) returns her to them, hopefully on her own terms. At the novel's end, when David asks Alabama not to rush to dump out their ash trays, she says: "It's very expressive of myself. I just lump everything in a great heap which I have labeled 'the past,' and, having thus emptied this deep reservoir that was once myself, I am ready to continue" (*Waltz* 203). It is not hard to read a "suppressed" story into these lines, perhaps even the story of writing this novel as a therapeutic exercise: she empties the reservoir of herself and her past on doctor's orders. Yet this passage can be read more simply; one dream has been lost to the "great heap," but, though Alabama is in the same place she began, she has found a way "continue." Read *very* simply, she doesn't let her husband tell her how to dump the ashtrays. Sayre Fitzgerald's story privileges and validates Alabama's version of her own story.

Given the substitution noted by Wood, there are only a few doctors to be wrong in this novel, but when they do appear, that is what they are: wrong. When Alabama has gotten an infection from the glue of her dancing shoe seeping into a blister, the doctor explains this calmly to David while Alabama "screams" about her stomach being in pain,

²⁶²That said, traces of madness vocabulary remain, as in Alabama's poem including the line "Why do myself and I constantly spat" (74), or when David calls her "sick" and "insane" for her affair with a French pilot (96), or a party guest calls her "peculiar" but not "actually batty" (114).

not her foot: “Why did the doctor inhabit another world from hers? Why couldn’t he hear what she was saying, and not stand talking about ice-packs” (*Waltz* 185). The diagnosis – blood poisoning – and the lived experience of pain are separate worlds, and what the doctor thinks is important has no relevance to what Alabama is trying to say to him. The juxtaposition of the cool talk of ice packs and Alabama’s impassioned “my stomach[,] it’s killing me!” (185) upends the us/them binary often applied to extreme behavior. Throughout *Save Me the Waltz*, Sayre Fitzgerald uses terms of us and them, in which “they” have all the authority but “we” (Alabama and readers) have the facts. That “they” are neither omniscient nor omnipotent is clear as the doctors speak to David: “They used the word ‘incision’ many times over as if they were saying a ‘Hail Mary’” (185). Their expert knowledge is more faith than science, and the treatment these doctors believe in and enforce may do nothing to help Alabama. Using us/them language highlights the division imposed by diagnostic judgment, and allying readers with Alabama’s subjective “we” suggests that some knowledge is outside medicine’s grasp.

The dependence of truth on one’s subjective position is also underlined in an early scene of Judge Beggs. “Alabama’s father was a wise man,” we are told; yet this wisdom is undercut as Alabama considers whether or not the Judge knows everything:

Well, maybe he did – if knowing is paring your perceptions to fit into the visible portion of life’s mosaic, he did. If knowledge is having an attitude towards the things we have never experienced and preserving an agnosticism towards those we have, he did. (*Waltz* 34)

Though his realm is law rather than medicine, the Judge is another of the wrong doctors who haunt women’s madness narratives. He “parses his perceptions” so that all he recognizes is the “visible,” the so-called objective, aspect of life, and this is what the world calls wisdom. Seen this way, Judge Beggs is essentially one of “them.” In these

passages, Sayre Fitzgerald suggests that knowledge limited to ice packs and preconceived attitudes is not worth having. There are other, equally valuable modes of understanding.

The Judge's "attitude" to the unknown suggests that he would not be amenable to trying to understand Alabama's subjective experience of distress. Moreover, it reveals the environment surrounding and shaping her mental and physical experiences. Although what literally "goes wrong" with Alabama is bodily, comprehensible within the frame of injury and infection, the factors that drive her to dance widen our temporal understanding of her character. Judge Beggs's pared perceptions and preserved attitudes are part of Alabama's environment. We repeat the Judge's narrow-mindedness if we read her injury as simply physical, rather than looking at the complex web of personal and cultural experience surrounding the person who makes the decisions that ultimately result in an injured body. This web includes her father, her mother's "wide and lawless generosity" (22), her childhood experiences. One such experience is witnessing her sister's suicidal distress after the death of her beloved. A doctor calls it "nothing serious, just nervous strain," and her father declares, "I cannot put up with this emotional nonsense any longer" (26). Though the 1920s American South is geographically and historically distinct from the setting of "The Yellow Wallpaper," we see a similar union of medical and domestic oppression here. Alabama witnesses the belittling of her sister's despair as "nothing serious" and "nonsense." Small wonder she is adversarial to her doctors later.

And then there's her husband. David Knight is perhaps the most significant figure in the personal and cultural experience surrounding Alabama's body and decisions. That he is part of the same limiting social world as Judge Beggs is clear when the Judge tells him, after David and Alabama are married, that he is "glad to see [...] that you have

succeeded in taming Alabama a little” (59). If being “tamed” is not dehumanizing enough, a later passage describes how David “exhibited her to his friends as if she were one of his pictures” (144). Alabama’s attraction to an intensive study of dance is a way of bringing purpose and meaning to her life and her body beyond what a pet or a picture would have. Though David sometimes protests that Alabama shouldn’t be a “child and have things provided for her to do” (85), when she does find something un-childish she wishes to devote herself to, he is hardly sympathetic, asking “are you under the illusion that you’ll ever be any good at that stuff?” (125). When Alabama is offered a significant professional opportunity in Naples, after months of excruciating labor during which she worked “till she felt like a gored horse in the bull ring, dragging its entrails” (150), David refuses to consider it. His lukewarm suggestion is “we’ll try to arrange something in America” (158). Alabama’s decision not to accept this suggestion is shown to be a rational response to the unfair, even un-human, cultural limitations on her life, limitations to which David is a major and vocal contributor.

We come to understand Alabama in part by the contrast posed by the limited and limiting figures around her. The novel offers an alternative to the medical, legal, and marital perspectives in its vivid and immersive use of description. The above simile comparing Alabama to a “gored bull” is a good example of how Sayre Fitzgerald employs descriptive language to convey the experience of her protagonist. Sayre Fitzgerald’s mastery of this literary tool is mentioned in Tennessee Williams’s play *Clothes for a Summer Hotel* (1980), in which a fictional psychiatrist tells F. Scott Fitzgerald “I feel that your wife’s novel *Save Me the Waltz* – I’m sure you won’t mind my saying that there are passages in it that have a lyrical imagery that moves me,

sometimes, more than your own” (55). This is a retaliatory fantasy and a matter of taste.

Still the “lyrical imagery” Williams notes is unmistakable. An early passage suggests

how Alabama’s interiority is conveyed through descriptive language:

The swing creaks on Austin’s porch, a luminous beetle swings ferociously over the clematis, insects swarm to the golden holocaust of the hall light. Shadows brush the Southern night like heavy, impregnated mops soaking its oblivion back to the black heat whence it evolved. Melancholic moon-vines trail dark, absorbent pads over the string trellises.

“Tell me about myself when I was little,” the youngest girl insists. (17)

This “youngest girl” is Alabama, and whatever answer she receives to her demand will be

less evocative of her self-within-environment than the “golden holocaust of light,” the

“heavy, impregnated mops of shadows and the “melancholic moon-vines.”

Though Sayre Fitzgerald writes with descriptive lyricism throughout, this strategy for conveying experience is most powerful when it comes to her stay in the hospital.

These are also the passages that most blur the boundary between physical and emotional distress. Alabama, in excruciating pain and on compensatory palliative medication,

believes she says things she does not say, imagines the walls sliding past her and

dropping down over each other, and experiences other such delusions as if they were real.

These unrealities are rendered with care and emphasis, so that the reader experiences

them with Alabama. The most evocative passage is as follows:

Sometimes her foot hurt her so terribly that she closed her eyes and floated off on the waves of the afternoon. Invariably she went to the same delirious place. There was a lake there so clear that she could not tell the bottom from the top; a pointed island lay heavy on the waters like an abandoned thunderbolt. Phallic poplars and bursts of pink geranium and a forest of white-trunked trees whose foliage flowed out of the sky covered the land. Nebulous weeds swung on the current: purple stems with fat animal leaves, long tentacular stems with no leaves at all, swishing balls of iodine and the curious chemical growths of stagnant waters. Crows cawed from one deep mist to another. The word “sick” effaced itself against the poisonous air and jittered lamely about between the tips of the island and

halted on the white road that ran straight through the middle. “Sick” turned and twisted about the narrow ribbon of the highway like a roasting pig on a spit, and woke Alabama gouging at her eyeballs with the prongs of its letters. (*Waltz* 187)

To the extent that it is possible to share pain – or dream, delirium, or delusion – through writing, Sayre Fitzgerald’s textured, sensual language imparts Alabama’s internal world. This passage incorporates the tactile (“floating” on waves, a “heavy” island), the audible (“swishing” balls of iodine, “cawing” crows), and striking, unusual visuals. The island like “an abandoned thunderbolt,” the “nebulous weeds,” the “deep mist” and that magnificent phrase, “the curious chemical growths of stagnant waters:” all these unusual images, verging on mixed metaphors as they combine nouns and adjectives in an almost alchemical way, and the sounds of the sentences themselves, allow the reader to enter Alabama’s alternate state of mind and share her perceptions.

Such passages prompt Wood to say that in her illness, Alabama retreats “into her own imaginative world, a world in which language reveals itself as profoundly connected to bodily experience” (258). As I have suggested, it may be that the emphasis on bodily experience is because physicality is more easily transmitted than mentality. Then again, physical pain is also notoriously recalcitrant to language. Sayre Fitzgerald’s description of the word “sick” jittering in the air and twisting on a narrow white road certainly goes further than “a dull ache” or a “sharp sensation.” Whether one is sick in body or in mind is almost beyond the point (not to mention a false Cartesian division, since *all* pain is actually “mental”). What matters is whether one can find the words to convey the lived experience of distress beyond the limitations of the word “sick.” It is no coincidence that Alabama’s pain is conveyed in an image of the word “sick” roasting like a pig; the word by itself is one of “their” terms, requiring much descriptive augmentation to express what

she experiences. It's immaterial that the prongs of the letter "k" do not really gouge at Alabama's eyeballs. That is what it is *like*. Description attempts to access and transmit internal, subjective states, as much as any language can.

Compared to the richness of its descriptive language, the plot of *Save Me the Waltz* is almost irrelevant. What happens to Alabama is more complex than the doctors would explain, but more importantly, "what happens" matters far less than how it feels to live through it. This may be why, in a novel whose title and plot seem to stress the heroine's drive to dance, we do not see her onstage triumph in Naples, but rather go with her to a Christmas church service where her thoughts "[prowl] around her introspection like leopards in a cage at the zoo" and her body is "full of static from the constant whip of her work" (*Waltz* 168). The leopard and the whip are what it is important to know about Alabama, because they are the most expressive of what it is like to *be* her. Being Alabama is not the same as being Zelda, but Sayre Fitzgerald uses the artistic possibilities of fiction to prioritize "being" to an extent never granted Nicole. This is why it is vital to bury forever the faint, contingent praise accorded to *Save Me the Waltz*. Harry T. Moore says that "it can be read for its own sake" (xi); let us replace that patronizing generosity and say that it *should* be. I have framed Sayre Fitzgerald's work in this section as a "version" of "material" that inspired more than one artist. But this need not mean that her emphasis on *being*, on cultural oppressions and external descriptions for internal states, is valuable because it is authentic. Initially, I was going to end this section by quoting Louis Sass on the occasional perceptual enhancements of schizophrenia, which make it unfortunate "that the patient's own perspective should be accorded so little attention, that it should often be dismissed either as devoid of significance altogether or as the product

of the most primitive and rudimentary forms of mental life” (7). Although *Save Me the Waltz* does privilege “the patient’s own perspective,” I dislike the resulting implication that, rather than the fictional Alabama Beggs, Sayre Fitzgerald must be “the patient.” When Alabama is beginning her study of dance, she tries to explain it to David, who is frustrated by her lacunae and circumlocutions:

“Nothing exists that can’t be expressed,” he said angrily.
“You are just dense. For me, its quite clear.” (127)

The “me” defending her means of expression is Alabama. The woman who expressed Alabama was more than a patient, more than a wife, and we are the dense ones if we fail to see the creation of a temporal-existential plot as a deliberate achievement on her part.

This is more than a feminist call for reclaiming an overlooked writer from an unjust obscurity. The stories we tell about schizophrenia matter, whether they are stories of protagonists like Nicole Diver or potential martyrs like Zelda Sayre Fitzgerald. Awareness of artistry can shape authenticity too. Fictions and myths shape how we approach the world and each other.²⁶³ As Julia Epstein puts it, “human lives are shattered by the explanatory stories we tell as well as by physical difference and illness” (17). Heredity, traumatic secrets, cultural oppressions, and neurology all have different potential resonances. As readers and as social beings, we have a responsibility to gain the best understanding of suffering, not only in terms of amelioration and treatment, but in terms of narratives. Some drugs break the blood-brain barrier; stories have the potential to break the brain-brain barrier, and transmit themselves inter-subjectively. If we do not strive for this goal, we will remain stuck in the quandary articulated by Jong’s heroine, without awareness or empathy for each other’s different versions of nightmare.

²⁶³For more on the shaping power of stories when it comes to schizophrenia, the feedback between personal and expert discourse and the empowering possibilities of that feedback, see Schneider (137).

Depression's Third Interval: Sylvia Plath's *The Bell Jar*

"I opened the door and blinked out into the bright hall. I had the impression it wasn't night and it wasn't day, but some lurid third interval that had suddenly slipped between them and would never end." (Sylvia Plath, *The Bell Jar*)

Madness narratives proliferated after World War II. Marta Caminero-Santangelo calls them a "hallmark of postwar American culture" and writes: "never before had the disordered mind been to such a degree a topic for popular consumption (95). Walker notes the impact of this consumption, arguing that the postwar era gave psychiatry "both its greatest institutional strength and its most controversial concentration on women," despite the fact that, due to a sizeable veteran constituency, women did not outnumber men in psychiatric treatment (xiii, 10).²⁶⁴ For women in treatment, the psychodynamic model of distress proved a double-edged sword. If Freud-inspired dogma advocated "adjustment" to a narrow feminine role (and deemed pathological any desire for broader horizons), the reflective processes of psychodynamic therapy also enabled women to see "the structural origins and shared nature of their emotional troubles," as Carol Warren puts it, prompting the reevaluations cresting in second-wave feminism (147). Women's madness narratives from this era reflect a blend of concentration on internality and a developing awareness of what was structural rather than purely personal.

The vogue diagnosis of depression had its first clinical and literary vogue in this era. One reason that depression (or "depressive disorders") became popular was the existence of new treatments that seemed to alleviate it.²⁶⁵ These included insulin coma,

²⁶⁴Coleman notes a particular overlap for these gendered patient groups: "The vast majority of lobotomized patients [in the 1950s] were women, the main exception being the thousands of returning veterans" (55).

²⁶⁵Borch-Jacobsen discusses the power of available treatments to precipitate the vogue of depression: "modern depression, we might say, is a side effect of antidepressants" (6).

psychosurgery, and electro-convulsive therapy (ECT), which Edward Shorter calls “treatment of choice for major depression” (*History* 208). (They also included the advent of Thorazine in 1954, which began the psychopharmacological stampede still thundering in our theory and practice today.) Though Shorter’s surprise at the controversiality of such treatments seems disingenuous, we do well to note this point: “coma and shock gave psychiatrists powerful new therapies in a field dominated for half a century by nihilistic hopelessness, and it is against that sense of despair that they must be set” (*History* 208).²⁶⁶ When we consider the casualties of that despair – Shorter claims that “up to a quarter of all [depressed] patients suicided” (222) – we see the historical importance of these treatments, even if their availability may have recruited both doctors and patients into the vogue of their corresponding diagnosis.

Though some critics have applied the diagnosis of schizophrenia to Sylvia Plath’s 1963 novel *The Bell Jar* (McCullough, Showalter), the novel’s depiction of treatment may explain why that diagnosis is increasingly eschewed in favor of depression (Baker et al, England et al). Yet, though Petra Kuppers names Plath as a “case study” for the treatment of ECT (124), it remains vital not to over-rely on biography to interpret *The Bell Jar*. Many have simply categorized Plath’s work of fiction as autobiography, a highly problematic inclusion.²⁶⁷ Plath is the mid-century martyr extraordinaire, and her

²⁶⁶For more on the value of ECT, see Kay Redfield Jamison’s *Night Falls Fast*, in which she writes: “Keeping patients alive through an acute suicidal crisis is the most important clinical priority; ECT not only can save lives, but it buys time to work out the best long-term treatment” (251).

²⁶⁷Hubert says that Plath “presents” her experience as a novel (77); see also Rigney (126), and Berman (139) who even ventures to diagnose Plath *through* Esther (narcissism with pre-Oedipal difficulties, if you’re curious) (141-8). See also Wagner-Martin (146) and Tougaw (217) on how the ending of *The Bell Jar* changes in view of the ending of its author’s life. Finally, see Tim O’Brien’s reported gratitude that he wrote a memoir before his first novel, since that kept him from writing “autobiography cast as fiction” (qtd. in Vernon 35). O’Brien does not name any writers who he feels fell into this trap, but his comment reflects a way that many writers and readers think about first publications, including Plath’s.

life and work have been conflated since her suicide in 1963. In *Mad, Bad, and Sad*, Lisa Appignanesi refers to Plath's "iconic stardom" and calls her "a saint of female victimization" (319).²⁶⁸ Neither Plath's suicide nor her (often retroactively applied) diagnosis often pass without comment in criticism of her artistic work.²⁶⁹ Needless to say, this biographical importation is problematic not only because it reifies a single interpretation, but also because of its disproportional application. Does every Ernest Hemingway article lead with *his* suicide and scour his writing for evidence of what led to it? As Suzanne England et al write, of Plath and others: "Depression is only one piece of each writer's experience" (93).²⁷⁰ Following this, I see *The Bell Jar* as a madness narrative informed by the vogue diagnosis of depression, but I want to emphasize two points: first, I do not apply this label because it is or was the biographical "truth;" second, that though certain depression-related medical treatments help the protagonist, the absence of an explicit diagnosis in the novel puts more weight on how the experience *feels*, subjectively, than on what it is objectively called. Recognizing how *The Bell Jar* constructs and shares the internality and subjective experience of its fictional heroine properly credits Plath's artistic achievement.

²⁶⁸This stardom or sainthood makes Plath a powerful signifier in other texts. For example, in *The Search for Signs of Intelligent Life in the Universe* (1986), one character says of her future husband: "Bob is the truest feminist I've ever met. / He's the only man I've ever known who knew where he was / when Sylvia Plath died" (158). In the film *The Anniversary Party* (2001), a woman reminds her friend of past despair by referring to a time when she "went all Sylvia Plath on me." And in Tom Kitt and Brian Yorkey's musical *next to normal*, the heroine sings to her doctor, in reprehensible rhyme: "I'm no sociopath. / I'm no Sylvia Plath. / [...] / So stay out of my brain - / I'm no princess of pain" (57).

²⁶⁹On Plath's suicide, often discussed in incredibly charged language, see England et al (85, 87); Hall (122); and Shinn, who uses terms conflating Esther and Sylvia (141). On her diagnosis, see Hubert (25), McCullough (xiii), and Berman (321).

²⁷⁰England et al go on to suggest that attention to the more prosaic, quotidian moments within Plath's writing allows a "contextualiz[ation of] the depressive feelings within a frame of life that is moving and changing rather than fixed and static" (93). I agree that this is valuable, though I want to move away from the sole emphasis on biography, even if that emphasis is presented in increasingly nuanced ways.

Representing medical treatments popular in a specific historical era, *The Bell Jar* nevertheless develops an existential and experiential plot that exceeds medicine's account of distress. As Bradley Lewis writes: "Numbers tell us the pervasiveness of depression; they do not tell us about the intensity of individual suffering" (46). Plath's novel creates and depicts that intensity beyond numbers. In *The Bell Jar*, Esther Greenwood returns home from a trip to New York, slowing her previous high-achievement pace. Once home, she feels increasingly weighted by the pointlessness of life. A suicide attempt leads her to a mental hospital, where shock therapy (and the sympathetic Dr. Nolan) breaks her depression and allows her to conclude her six-month retreat from the world. This linear story is interspersed with Esther's discursive recollections of earlier things, including experiences in school, plans and hopes for her future, her father's death, and her relationship with Buddy Willard. Progressing on many fronts at once, the novel not only puts a reader inside Esther's mind (where non-linear connections of memory are common and recognizable) but also puts her mind inside a broader cultural and temporal context. Esther's depression is part of a world where choices for women are limited and freedom, sexual or otherwise, is largely restricted to the male domain. This understanding opposes the narrow causality imposed by wrong doctors; Esther's recovery is in part due to her good fortune in working with Dr. Nolan, a woman who does not insist on only one temporal/biological solution for Esther's distress.

The difference between a wrong doctor and a right one is clear in Esther's experience in treatment. Marilyn Yalom writes: "We are hard put to find two characters who represent the absolute best and the absolute worst of the same profession" as much Esther's Doctors Gordon and Nolan (24-5). When Esther first meets Dr. Gordon, she

hates him immediately for violating her ideal of a therapist: she had imagined someone “intuitive” and “encouraging,” who would help her “find words to tell him how I was so scared, as if I were being stuffed farther and farther into a black, airless sack with no way out” and who would “help me, step by step, to be myself again” (*Jar* 129).²⁷¹ Gordon is and does none of those things. When Esther “finds words” to help her be herself again, she does it without his assistance. That she does manage to find the words is evidenced by the vivid description of her own depression offered here, not to the doctor, but to the reader. The “black, airless sack” of her reality is accessible not because Gordon explains it, but because Esther describes it. For all the vaunted Freudian interest in the past, Gordon offers no encouragement for Esther to draw connections or have insights, though Plath’s discursive jumps in Esther’s memory allows the reader to do those things. Doctor Nolan, on the other hand, helps Esther recognize and reconcile with the cultural expectations that oppress her into illness. Her solution to Esther’s resentment of a double standard between male and female sexuality is not to “adjust” it. Instead, Nolan writes Esther a prescription, not for a pill, but for a diaphragm. This action suggests that Nolan accepts that Esther’s depression is linked less to the inexorable reality of the female body than to that body’s social and cultural regulation.

Doctors Gordon and Nolan are most starkly differentiated when it comes to their application of electro-convulsive therapy. *The Bell Jar* depicts insulin coma and lobotomy, engaging with the many treatments surrounding distress and difference in the

²⁷¹On Doctor Gordon as a “psychiatric stereotype” with his “doctrinaire smugness and one-track interpretations,” see Yalom (25). For another example of Plath’s representation of wrong mind doctors, see the story “Johnny Panic and the Bible of Dreams,” in which the narrator derides the men “with their white jackets and knotty-pine-paneled offices and leather couches, [who] practiced and still practice their dream-gathering for worldly ends: health and money, money and health” (161). On *The Bell Jar* as an example of women’s fiction seeing psychiatry as an emblem of larger systems of social control, see Farland.

1950s and 60s.²⁷² But it is ECT that receives the fullest description. Under Dr. Gordon's care, ECT is horrible, as we see from Esther's description:

Then something bent down and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed through me till I thought my bones would break and the sap fly out of me like a split plant. I wondered what terrible thing it was that I had done. (143)

This passage refutes Gordon's callous expertise by emphasizing Esther's pain. Not only does she find the experience punitive, owed to "some terrible thing," but she describes the experience with striking, inventive language. Esther's pain is expressed in these few lines in terms that are sometimes cliché ("bones would break") but also variously tactile ("shook me"), synaesthetic ("crackling light"), dehumanizing ("split plant"), and apocalyptic ("end of the world"). The power of this multifarious language dares a reader to dodge it; we feel, hear, see, and fear with Esther, and this experience conveys Esther's subjectivity by representing it in jeopardy. Dr. Nolan's administration of ECT, by contrast, requires only one image to express its painless efficacy: "darkness wiped me out like chalk on a blackboard," Esther says (214). When she returns to consciousness, "All the heat and fear had purged itself. I felt surprisingly at peace. The bell jar hung, suspended, a few feet above my head. I was open to the circulating air" (214-5).²⁷³

²⁷²On insulin, Esther reports "I never seemed to get any reaction. I just grew fatter and fatter" (112). Another girl at the hospital shows Esther the scars from her lobotomy, saying "I'm not angry anymore. Before, I was always angry" and "I like it here" (192). Walker notes that women were often viewed as "prime candidates for psychosurgery because if few postoperative lobotomy patients could ever return to outside jobs" women could return to the home and be just fine (26).

²⁷³Camirero-Santangelo notes this efficacy as a challenge to a resistant reading of *The Bell Jar*: "We might prefer Esther to reject the respite of even a temporary numbness; we might wish her to go down fighting to her death, like McMurphy" (31). Yet to learn from the novel, we have to hear Esther's testimony, not just our preference. It is also worth noting that rejection to the death is only one option in Kesey's *One Flew Over the Cuckoo's Nest*; McMurphy's experience contrasts sharply with Chief Bromden's, whose ECT is as efficacious as Esther's, and similarly described: "when the fog was finally swept from my head, it seemed like I'd just come up after a long, deep dive, breaking the surface after being under water a hundred years" (289). For more on Kesey's influence on the discourse surrounding ECT, see Shorter (*History* 282).

Though this passage shows an experience that erases subjectivity as easily as chalk, it also returns it in better condition. Peaceful and purged, Esther gets more help from Nolan's treatment than any other. ECT lifts the titular jar and allows Esther to feel herself not only "open to the air" but also *as* herself. The distressed and punished "me" who is wiped out is not the same as the "I" who is free of heat and fear. The treatment that has emphasized Esther's subjectivity to readers in its inescapably vivid description now restores and offers that subjectivity anew to her.

That said, readers spend far more time immersed in the experience of distress – with Esther under the stifling eponymous jar – than in its alleviation. Frances McCullough praises *The Bell Jar* for its skillful "evocation of what madness is actually like (xiii). This does not happen by accident, or by lucky biographical coincidence. Plath makes many choices in her portrayal of Esther's subjectivity. One of these choices is her use of descriptive language to convey the "lurid third interval" of Esther's depression. For example, Esther expresses her feeling of isolation by comparing herself to the eye of a tornado, "moving fully along the middle of the surrounding hullabaloo" (3), and her feelings to the experience of looking back at Paris from a moving train: "every second the city gets smaller and smaller, only you feel it's really you getting smaller and smaller and lonelier and lonelier, rushing away from all those lights and that excitement at about a million miles an hour" (16). These images are examples of how the external "real" world conveys Esther's inner reality. Abigail Cheever discusses the novel's presentation of "an existence premised specifically on the self's bodily and emotional, as opposed to cognitive, being" (65). Esther's feelings and her physical existence are frequently described together, even when physicality is invoked to express her increasing alienation.

In the course of the novel, Esther's internality is contrasted with the physical realities of self and world that no longer seem connected to her. We can see this when she hears herself say things and is shocked by their truth (32) or when she listens to her "zombie voice" as if it is not her own (119); we see it when she describes a violent fall by saying "the ground soared and struck me" (108), turning herself into the grammatical object of an inanimate ground's action; we see it when Esther is repeatedly surprised by the appearance of her face in reflections (18, 102, 174-5). In each of these examples, Plath conveys Esther's distress by showing the division of the world felt within and the physical perceptual world without. This strategy allows the numbness and distance of depression to show through the construction of descriptive language. Somewhere between the light of shared reality and the dark of death is the "lurid third interval" of depression, and Plath expresses that interval within her heroine through the use of strategies that construct a "mad" internality through a juxtaposition of the increasingly inaccessible physical and bodily "real" with that same internality.

It is worth noting too that Plath's expression of this interval further immerses a reader in Esther's particular (that is, non-sociological) subjectivity by including moments of humor. The bodily real, so frustratingly inaccessible that Esther attempts suicide, also permits a kind of dark comedy. When Esther swims far into the ocean, prepared to drown herself, she describes how her body "each time popped up like a cork" until she quits, thinking, "I knew when I was beaten" (161). In one of the incidents wherein Esther's inner reality is conveyed by showing her distance from her own reflection, she calls her face "a face that needed soap and water and Christian tolerance" (102). Even when Esther reports being most detached from her reflected physical self, the reader is given an

opportunity *not* to detach from Esther. Infusing a subtle humor into the darkest aspects of the “interval” Esther undergoes, Plath makes her heroine’s experience easy to enter and to sympathize with, even if it is an extreme emotional experience. The use of humor keeps Esther’s alienation from being itself alienating, allowing readers to like and understand this protagonist regardless of her madness.

Perhaps the most effective of *The Bell Jar*’s descriptions is the image of the fig tree. Certainly this is one of the most critically remarked-upon of the novel’s images.²⁷⁴ Briefly, Esther imagines her life options as a series of tempting figs, but unable to choose which fruit to reach for, she remains motionless in the tree as the figs of “famous poet” and “amazing editor” and “brilliant professor” and happy wife and mother all rot and fall to the ground before her (77). Yalom notes the female specificity inherent in the fig tree, not only in the fecund language of the image, but in the fact that these choices are problematic, even mutually exclusive, for women in the way that they are (or were) not for men (16). She sees *The Bell Jar* as being both “broadly human and existential” and a “gendered expression of mental disease” (14). Yalom does not go far enough, however, in exploring the historical and cultural specificity informing that gendered expression. Esther is no more a saint of female victimhood than her creator; her distress is individual (defined in part by her sense of humor) even as it is shaped by broad cultural discourses.

When Esther defines herself as “neurotic as hell” because of her multiple and conflicting desires (94), she is using the language that psychiatry of her era often applied in its ideological project of “adjusting” women. Though every individual grows up by making compromises to his or her society, adjustment is not a universal story. It was the

²⁷⁴For a range of the critical commentary, see Rigney who calls it “a paralysis of mind” (124), Hawthorn who sees it as a socially induced repression of emotion (117); and England et al, who use it as a means of speculating on whether or not Plath would have committed suicide if she had lived in a later era (87).

language of adjustment – and of “neurotic” maladjustment – that fueled Betty Friedan’s *The Feminine Mystique* later in 1963. Depression was and is a diagnosis more commonly given to women than to men, but this is not for universal or static biological reasons. They are for personal reasons, as Kimberly Emmons explores in her study of how gendered archetypes pervade even women’s own explanations of their depression (122).²⁷⁵ They are also for social reasons, as Denise Russell suggests when she discusses the unsatisfactory conditions of many women’s lives (60). In any case, they exceed the narrow temporality of the adjustment-oriented doctors of the psychodynamic era.

When Dr. Gordon asks Esther to tell him what she thinks is wrong, she inwardly rejects his words for her experience, thinking, “That made it sound as if nothing was *really* wrong, I only *thought* it was wrong” (130).²⁷⁶ Part of Esther’s recovery comes from her increasing ability to see how what she thinks is also what is real. This involves not only rejecting reductive causal vocabulary, but also those who wield it. Near the end of the novel, when Esther’s mother tells her that they will treat her breakdown like a bad dream, Esther thinks: “To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream” (237). When Esther calls “the world itself” a bad dream, she refuses to surrender her experience to other people’s words, and she expresses her depression within a context that puts the personal in conversation with the social and

²⁷⁵On depression as a disability in keeping with (and exaggerating) cultural scripts of femininity, see also Garland-Thomson (17) and Chesler (103). On depression as a communicative protest against such scripts or other limitations, see Russell (51), England et al (83), and Showalter (*Malady* 249).

²⁷⁶This mentality – that depression is merely a question of will or wrong thinking – is also part of Esther’s antagonism for her mother, who, when Esther tells her she doesn’t wish to see Doctor Gordon again, smiles and says “I knew my baby wasn’t like that. [...] I knew you’d decide to be all right again” (145-6). In Joanne Greenberg’s contemporaneous *I Never Promised You a Rose Garden*, the heroine says that being admitted to the hospital was a sign of her sanity, since she always knew how sick she was, and her doctor reflects: “You were asked to mistrust even the reality to which you were closest and which you could discern as clearly as daylight. Small wonder that mental patients have so low a tolerance for lies” (146-7).

political. The first sentence of the novel puts Esther in context with the execution by electrocution of the Rosenbergs (1); later she describes the face of Dwight Eisenhower on a magazine much as she describes “the person in the bell jar,” calling him “bald and blank as the face of a fetus in a bottle” (89). The blank deadness Esther experiences, as well as the application of electricity, reflects on the era in which she experiences it, linked as both elements are to infamous Cold War criminals and benevolent but infantile Presidents. This is not to say that the Cold War tensions or mid-century American social expectations “cause” Esther’s depression.²⁷⁷ Rather, they are examples of how this madness narrative casts a wider net than some of the characters within it would do. Doctor Gordon recognizes no cultural or historical specificity in his patient’s distress, but, through an immersion in a mad but perceptive protagonist, readers can.

Readers can perceive Esther’s madness in a broad personal and social context, expanding the temporal plot applied to her descent and recovery. Acknowledging such an expansion is an important way to credit Plath’s artistic achievement. Early on, Esther refers to the free gifts received on her New York trip from a vantage point well beyond the “now” of most of the novel: “For a long time afterward I hid them away, but later, when I was all right again, I brought them out, and I still have them around the house. I use the lipsticks now and then, and last week I cut the plastic starfish off the sunglasses case for the baby to play with” (*Jar* 3). This passage is only two sentences, so it is easy to overlook, especially if one is determined to read biographically. Yet it is quite significant, as its early placement disrupts the narrative to come by dramatically extending its

²⁷⁷On the lure of social etiology, see Borch-Jacobsen on the difference between context and explanation in the story of Sybil: “Many other Americans of her generation went through the same conflicts without developing a multiple personality. [...] Her illness did not ‘reflect’ or ‘express’ society in any way, and society does not explain it” (93). See also Caminero-Santangelo on social causality in *The Bell Jar* (47).

temporal frame. If there is suspense in the temporal mystery of Esther's madness, that is only because we were not reading carefully enough. We know from page three that there is a "later" for Esther, when she will be "all right again" and the things that once seemed important can now be casually used, like the lipstick, or even casually destroyed and repurposed, like the starfish from the sunglasses. Some may find Esther's future dismayingly domestic, all "the house" and "the baby."²⁷⁸ Yet the presence of a future so early in the novel is a powerful disruption of reader expectations for the temporality of a madness narrative, suggesting as it does that the experience of distress might not consume or define one's entire life. Even if this book is largely devoted to breakdown, we are alerted early to a bigger story than the one we are about to read. Esther warns us, essentially, that the book is not her whole story. Such a future-oriented textual gesture defuses a simplistic temporal mystery and encourages careful readers to look for something other than answers as we consider Esther Greenwood, to value the existential experience of subjectivity instead of closure and satisfaction.

This is not to say that *The Bell Jar* is not satisfying. But its satisfactions are not of the kind that the psychodynamic episteme might value in its madness narratives. There is little in the way of a cause-and-cure pattern. Esther recovers (as we know from early on that she will), but not because of any revelation of her past or her character; the closest we get is her telling Dr. Nolan that she hates her mother, causing Nolan to smile "as if something had pleased her very, very much" (203).²⁷⁹ The end of the novel is explicit not about answering questions but rather raising them: "I wasn't sure. I wasn't sure at all.

²⁷⁸See Berman, who calls this "a startling authorial slip" that is "impossible to reconcile" with the Esther of most of the novel (148). See also Caroline Hall (39).

²⁷⁹This too marks a distinct historical moment and epistemic explanation. On the Freud-inspired emphasis on mothers, see Shorter (*History* 177, 238), Schneider (129), Borch-Jacobsen (83) and Wahl (122).

How did I know that someday – at college, in Europe, somewhere, anywhere – the bell jar, with its stifling distortions, wouldn't descend again?" (241). These sentences deliberately stress uncertainty.²⁸⁰ Repeating that she "wasn't sure," questioning if there is any way to "know," Esther's word choice reiterates the uncertainty of knowing whether recovery will be lasting. Plath's early drop-in suggests that the author was capable of imagining that it could be, but the novel nevertheless concludes with a tentative step forward (literally, as Esther enters a room where doctors wait to discuss her case) rather than a resounding, transformative cure. With final image of Esther stepping through a doorway, we can attest only to transition, not to arrival. Not knowing exactly how her return to sanity is effected, and sharing her uncertainty about how long it will last, we resort instead to the knowledge we do have: Esther's subjective experience of that third interval of existence, distortions, doubts, and all.

As a first-person narrative, *The Bell Jar* is a success because it shows how Esther Greenwood is able to regain control of language. While still in the grips of her madness, Esther is alienated from words as well as from her face, as we see when she tries to read *Finnegan's Wake* for her honor's thesis only to have the letters grow horns, jiggle, and "associate themselves in fantastic, unbelievable shapes" (124). Though this too has a humorous aspect, a joke at Joyce's willfully difficult expense, it shows that for Esther, depression is linked with an alienation from language. The existence of her novel testifies that such an alienation can be overcome, and that speaking or writing about experiences of alienation and distress is both personally and politically useful. When Esther recalls learning about an epidural, she responds with anger:

²⁸⁰This final uncertainty may account for the split in critical opinion as to whether or not Esther can recover; on the affirmative side, see Hall (35-6); on skeptical side see Ohmann (214, 219) and Martin (44).

Here was a woman in terrible pain, obviously feeling every bit of it or she wouldn't groan like that, and she would go straight home and start another baby, because the drug would make her forget how bad the pain had been, when all the time, in some secret part of her, that long, blind, doorless and windowless corridor of pain was waiting to open up and shut her in again. (66)

This passage reveals the importance of not forgetting "how bad the pain had been," and the importance of using language to map, however imperfectly, the terrain of the "long, blind, doorless and windowless corridor of pain." Although Cheever claims that Plath's representation of madness never truly speaks it (76), I maintain that her descriptive strategies not only approach recalcitrant, near-wordless distress, but also reveal the necessity of attempting such an approach. Earlier I quoted Esther's response to her mother's suggestion that they deem her own doorless and windowless corridor "a bad dream," but the passage merits longer quotation here:

A bad dream.
To the person in the bell jar, blank and stopped as a dead baby, the world itself is the bad dream.
A bad dream.
I remembered everything.
I remembered the cadavers and Doreen and the story of the fig tree and Marco's diamond and the sailor on the Common and Doctor Gordon's wall-eyed nurse and the broken thermometers. [...]
Maybe forgetfulness, like a kind snow, should numb and cover them.
But they were part of me. They were my landscape. (237)

By "remembering everything," Esther owns to her mental landscape, a scene including suffering and oppression and impossible choices and pain. She does not wish for a "kind snow" of forgetfulness, a kind of epidural for depression. The lurid third interval of her life is meaningful enough to Esther that she attempts to give it voice and description. Not to her mother, perhaps, but to the reader. Madness is more than a bad dream, but it is also less than a permanent, incapacitating silence.

Mania Witnessed and Experienced in Bebe Moore Campbell's *72 Hour Hold*

"What the hell are you looking at? She's not some freak!" (Bebe Moore Campbell, 72 Hour Hold)

After the 1960s, American psychiatry took a sharp turn. Shorter glosses that turn thus: "The neurobiological paradigm came roaring back from the grave" with "medications that truly worked" (*History* 238). Cheever similarly sees a reversal of psychodynamic tenets, devaluing interpersonal causes in view of new biological realities (90). Or at least, as Shorter says, new pharmacological realities. This is not to say there were no drugs in psychiatric use between 1945 and 1965, as there surely were. Borch-Jacobsen quotes Gladys Swain's argument that "psychoanalysis, paradoxically, would never have penetrated psychiatry as it did during the 1950s and 1960s without the covert support of psychotropic drugs" (190).²⁸¹ In turn, the drive to professionalize and legitimize psychoanalysis paradoxically provided support for the burgeoning ideology – and industry – of the psychopharmacological era when the American Psychiatric Association produced the first *Diagnostic and Statistical Manual of Mental Disorders* in 1952. This volume has gone through multiple revisions (the most significant in 1968, 1980, and 1994). Each revision reflects the political concerns and epistemic shifts of the moment (Castillo 7-12); each is longer than the last; and each has been a manual not only for diagnosis but for prescription for mental disorders. The 1980 *DSM-III* adopted the diagnosis of bipolar disorder, rather than manic-depression, and the last novel I will look at here reflects how that contemporary diagnosis and the psychopharmacological episteme show a potential new direction for women's madness narratives.

²⁸¹For more on the usage of psychopharmacological remedies during the psychodynamic episteme, and the ideology surrounding their use, see Warren (149), Appignanesi (448-9), and Hubert (95-6). On the patient recruitment caused by drugs used to treat bipolar disorders specifically (including the rise in number of diagnoses subsequent to their introduction, and decrease of the average age of the diagnosed) see Healy.

Bebe Moore Campbell's *72 Hour Hold* (2005) shows a different attitude to drug-based treatment, to doctors' explanations, and to the etiological, aesthetic, and ethical challenges posed by mad subjectivity. In this novel, Trina Whitmore is the madwoman, a black eighteen-year-old who has had to delay her plans to attend Brown due to a sudden onset of mania. The novel is narrated by Trina's mother, Keri, a former masseuse who now runs an upscale consignment shop in Los Angeles. When Trina stops taking her pills and starts smoking weed, her mania soon escalates to dangerous and frightening levels, and Keri finds the psychiatric system cannot help Keri help Trina if Trina doesn't want to be helped. For instance, she can't be held unless an independent authority verifies that she is a danger to herself or someone else, a bureaucratic hoop Trina is able to exploit. (This reflects the interaction of the legal with the medical in our current episteme; these "hoops" against involuntary treatment were hard-won in court cases in the 1960s and 70s, and today are the subject of some controversy between civil liberties and right to treatment rhetoric.) Eventually, out of frustration, Keri throws her lot in with a group of renegade psychiatrists and psychologists who don't abide by current mental health laws, in what Baker et al call "one of the most elaborate imaginary alternatives to the present system" (87). Keri and Trina take a locked-down road trip through California until Trina escapes, ends up in hospital care, and Keri finally succeeds in getting a custodianship over her daughter. Moore Campbell has said that her goal is to "Write currently" and tell stories that are "present tense" ("Interview" 970). In *72 Hour Hold*, she realizes this goal in the creation of a neurological and psychopharmacological madness narrative.

The inclusion of psychopharmacological treatments are a major part of this novel's currentness. Trina's diagnosis is offered as a neurological fact to be treated

chemically rather than approached in personal or social terms. After delivering Trina's diagnosis, a doctor tells Keri: "Do not look for reasons, Mother. [...] This runs in families, like diabetes or high blood pressure. This is mostly genetic" (Moore Campbell 29).²⁸² Though Keri tells her ex-husband Clyde that she doesn't fully understand the "technical stuff," she offers this gleaned explanation for their daughter's ailment and treatment: "Basically, she's getting too much of one chemical in her brain and not enough of the other, and the medications help balance her out" (289). The one thing this epistemically particular explanation has in common with the previous era of psychodynamism is the way that treatment begets etiology, cure explains cause. If these medications "balance her out," then it must be the imbalance of chemicals in Trina's brain that causes her madness. The novel offers little interrogation of this neurobiological explanation, despite the fact that, as Robert Neugeboren notes, the evidence for an organic difference in the brains of men and women is more substantial than the brains of those with or without psychiatric diagnosis (21). At the end of *72 Hour Hold*, Trina's acceptance of her illness is signified by telling her grandmother "If I don't take my medication, I'll get sick. There's something wrong with my brain" (Moore Campbell 317). The lack of interrogation of a "something wrong with my brain" explanation may be why Baker et al accuse Moore Campbell's novel of "formulat[ing] salvation in terms of a largely pharmaceutical agenda," and being "align[ed] with an industry-sponsored agenda" (106, 107). Though I don't impute an "agenda" to Moore Campbell's novel per se, I admit its faithful subscription to the current epistemic medical model. Even the

²⁸²This doctor also tells Keri that she will make herself sick or depressed if she worries about it, which is the first of several instances in this book when potential diagnoses get corralled into metaphorical use; when Keri cleans her house to make herself feel better, she thinks "My inner obsessive-compulsive was in charge" (171); when Clyde considers the ramifications of Trina's illness, he looks "shell-shocked" (276).

alternative psychiatric group who “believe that the mental health system in this country is a sad joke” does not repudiate that system’s reliance on drug treatment, though they add emphases on exercise, medication, acupuncture and nutrition; as their charismatic leader Brad says, “For most, [medication is] the key to leading a productive life. But we try to prescribe the lowest dosage possible, in order to minimize weight gain and other side effects” (Moore Campbell 167). The novel is scrupulously researched, and includes information on such organizations as the National Alliance for the Mentally Ill, but this research is limited by the elements of dogma and doctrine that are always easier to spot in the past than the present. Psychopharmacology is, for many experts, the answer to explain and assuage madness, but we must be aware that it is only a current answer, one with (as Baker et al imply) significant financial interests invested in its perpetuation.

The faith in medications evinced by almost every character in this novel is not entirely matched by a faith in their dispensers. *72 Hour Hold* retains the women’s madness narrative signature skepticism about wrong doctors, at least in part. Clyde is the parent who most assiduously denies their power and authority:

There’s nothing wrong with Trina’s mind, Keri. She was smoking too much weed and she got paranoid; that’s all that happened. Then you go and put her in a psychiatric hospital like she’s some crazy person. [...] Half these doctors don’t know what the hell they’re talking about. (19)²⁸³

For Clyde, a belief in the ignorance of doctors protects the integrity of his daughter’s mind. If they don’t know “what the hell they’re talking about,” then Trina must not be “some crazy person.” Of course, this denial both draws from and perpetuates stigma. In Clyde’s case, it also draws from inexperience. Keri, having lived through Trina’s manic

²⁸³On the rise of anti-psychiatric thought as it applies to rebellious girls, see Appignanesi: “Defiance, unruliness, disobedience were characteristics [mind doctors] translated all too readily into the language of illness” (349).

episode, is not able to write it off as “too much weed,” or the doctors as ignorant. Keri’s relationship with her daughter’s doctors is thus a bit more complex. She does not deny their knowledge; instead, she struggles with its limitations. Although Shorter argues that “Psychoanalysis failed to survive because it was overtaken by science, and because the needs that it initially met became dulled in our own time” (*History* 146), *72 Hour Hold* shows that these needs, though dulled, are not extinguished. One limitation of the scientific neurobiological explanation of madness is that it offers little to satisfy the need for meaning. When Trina’s doctor tells Keri that “There is no rhyme or reason,” Keri still wonders “When did she catch this brain flu?” (29). Even as she accepts the expert medical vocabulary, calling madness a “brain flu” rather than some kind of personal failing or traumatic secret, she still seeks rhyme and reason in questioning the “when” if not necessarily the “why.” We see Keri continuing to seek for personal, environmental causes for Trina’s symptoms, or at least understanding that the world is likely to seek them, when she thinks “Your child [...] is always your fault,” and later, “Isn’t it always Mommy’s fault?” (28, 30). The doctor emphasizes that Trina’s illness is genetic, even saying: “Did you give her this illness? No” (29). Nonetheless, Keri harbors self-doubt and guilt, both wishing she could find meaning in her daughter’s illness and anticipating the potential meanings (especially of parental failure) that others will ascribe.

More important than the limitation of meaning is the limitation of the system of treatment. Indeed, this limitation drives the plot of the novel. Instead of focusing on temporal causes for Trina’s madness, *72 Hour Hold* is propelled by the temporal search for treatment in the wake of frustrating and hampering bureaucratic regulations. Before deciding to join up with Brad’s alternative psychiatric group, Keri considers her legal

options upon her daughter's release from a medically mandated 72 hours in a psychiatric ward (the titular "hold"):

Start again. Go back to support group. Call the SMART people. Wait. Call them again. Hope that she meets the criteria, that she is swallowing the bottle of pills or punching me as they come through the door. Hope that she gets put on a seventy-two hour hold. Hope that the hospital has a psych bed available and that the meds don't work so fast that she's totally lucid after three days, too lucid to stay longer. Pray that the hospital decides to extend her hold and that the patient's right advocate is lazy. Pray that Dr. Bellows will do all the paperwork, come to court, and testify on my behalf. Pray the judge will see things my way. Wait. Hope. Pray. Trust the system. (171)

The limitations, both medical and legal, facing Keri are plain in the tentative way she phrases these options. There are two uses of the word "wait," four of "hope," four of "pray," and one of "trust." These are the conditional verbs that the current mental health system forces Keri to rely on. Her powerlessness has been amplified by her daughter's recent birthday. Trina's first manic episode (before the novel begins) occurred when she was 17. Once Trina is 18, Keri can no longer request hospital stays, medication, or even information. The social worker tasked with breaking this news tells Keri, "This isn't a perfect system" (94). The system's imperfection, with its conflicting imperatives of legal rights, medical necessity, impaired judgment, and invested carers, is underlined throughout the novel. When Trina eludes her mother after another "hold," Keri is aghast: "You just let her go by herself?" she asks the nurse, who says that Trina is "an adult," to which Keri snaps "My daughter has a mental illness" (105). This is a retort not to wrong doctors necessarily, but to the wrong system which sees only the black and white legal status of adulthood, rather than the complex, agonizing greys of mental illness.

Rather than a temporal plot answering "what caused this madness," *72 Hour Hold* unfolds a story of "what does this madness cause?" This is a necessary shift for a novel

based on a neurological/psychopharmacological episteme, since the causal answer is once again a simple bodily (or brain) flaw. Yet this shift is also due to the different position of the madwoman. Keri is a first person narrator, even if Trina and her mania are equally important. With Keri as the novel's central consciousness, the plot focuses on her perceptions and actions. The combination of dread and hope that fuels Keri's search for a solution is expressed when Trina's mania is briefly under control: "I shouldn't have mistaken a period of calm for healing. But I couldn't help thinking: *Maybe today is the day I'll get her back*" (Moore Campbell 155). The desire to "get her back" and the knowledge that such hope may be "mistaken" jointly define Keri as a character and motivate her actions, particularly her joining with Brad's alternative psychiatry group. Rather than searching for a point of origin, the plot of this novel is a journey for points and answers unknown. It is no accident that so much of the story takes place on the road.

As a madness narrative, *72 Hour Hold* fuses its temporal plot with a dual experiential one. Moore Campbell explores what madness is like not only for the diagnosed individual, but also for the person who lives with and cares for that individual.. Baker et al deem the novel "notable for its realistic portrayal of the frustration of carers who are as much at the mercy of the system as the patients themselves," even if the action fueled by that frustration purely fictional, there being no radical abduction-for-treatment in California (88). Keri is deeply invested in her daughter. This is epitomized when she vociferously chastises a staring neighbor with the words of this section's epigraph. Keri refuses to see or allow others to see Trina as "some freak." Yet despite Keri's investment, hers is not a mad subjectivity. *Maddened*, perhaps; driven to the limits of the law, if not

her own reason, by the desire to find a solution to repair her daughter's ruptured mind and broken life. In the process, we see how madness ruptures and tears at Keri as well.

As a narrator, Keri is able to describe Trina's behavior in a way that conveys the experience of being a carer. These descriptions express more about witnessing madness than about living inside it. Images of air and fire predominate Keri's figurative language; for instance, she says that Trina "seemed to be floating on a jet stream of hallucinatory energy that punctuated her every word," or that she was "whirling in the sky, a sparrow on speed" (26, 120). Like a plane or a bird, Trina is flying when she is manic; she is high. Air imagery shows how Keri understands what Trina loves about her madness; who wouldn't want to fly? Like Icarus, though, Trina runs the risk of melting. When Keri uses more fervid imagery, we see how the mother understands the dangers posed to – and by – her daughter. One night, Keri tries to stop Trina from leaving the house:

I could feel her breath on my face, see the flames rioting in her eyes.
That's when I knew she wanted to hurt me. I knew that what was wrong
was soul deep and strong as chains. What was wrong wasn't drugs. What
was wrong was why she needed them. *My baby is sick.* (28)

Trina's sickness is felt as breathy air and seen as fire. Seeing the potential for violence in her daughter, Keri understands "what was wrong" as a kind of infection. But it is a powerful infection, a sickness "strong as chains." What it is "like" to live with Trina's madness, and to help her "sick baby," is an attempt to put out a rioting fire and to break chains. From her figurative language, we see Keri's belief in rescue.

Keri chooses the road-trip plot as a rescue attempt. This is underlined and complicated in her most frequent descriptive turn: the image of escaping slavery. The "chains" of the above passage are a nod in that direction, but other passages go much further in comparing Keri and Trina's shared situation to one of slavery and escape.

Unlike other temporal plots that chug toward discovery, this one sprints on fear, a fear that is presented as deeper and different because of its racial component as well as its psychiatric one. When Keri is forced to call the police, fearful of her daughter, she hesitates before describing Trina as “armed,” aware of dangerous historical precedent: “a black girl going crazy with a hammer in front of cops. Eula Love, I thought, conjuring an image of the mentally ill black woman shot dead by the LAPD as she brandished a knife in her front yard” (31).²⁸⁴ The real threat of violence surrounding Trina’s madness is unlike what surrounds, say, Esther Greenwood’s. Keri has both recent and distant history propelling her need to rescue Trina. The importance of escape imagery is evident from the first page, where Keri muses:

It was probably better that the events evolved with no foreshadowing. Preparation wasn’t possible. And what difference would it have made anyhow? Knowing that the hounds are tracking you doesn’t mean you won’t get caught; it means you have to get to the swamp fast. (3)

The hounds and the swamp are the figurative expression of what Keri is running from. It is not possible to prepare for the “events” of the onset of violent mania, but this does not alter the need for rescue; rather, it requires that the attempt be made “fast.” This passage reveals two key elements of Moore Campbell’s narrative pattern: first, that it does not involve “foreshadowing,” or any other kinds of literary clues that are followed up later to conclude with solution; and second, that Keri sees her actions within the frame of an escape, a rescue of herself and her daughter from the situation that imperils them both.

²⁸⁴Though race is the more significant factor in Keri’s fear, the perils of being female while mad are also explored. At one point Keri thinks of her daughter’s embodied mania this way: “A pretty girl with too much makeup, too much cleavage, talking fast, not making sense, would attract attention but not the kind that would result in someone coming to her aid” (141). More drastically, Keri’s friend’s daughter, also mentally ill, is sexually exploited by drug dealers, leading her mother to say: “They should be shot, those guys. [...] And they’re supposed to be the fucking normal ones” (265). This is not to say that men with mental disorders are never exploited, but femaleness heightens one’s vulnerability, as does blackness.

Language of slavery and escape persists throughout the novel. Keri is not the only one who uses this figure. The charismatic Brad also says that “Mental illness is a kind of slavery” and his radical alternative movement “is about freeing people too. We won’t always have to hide and run and do our work in the dark” (174). This is one of many comparisons between the outside-the-law treatment project and the underground railroad, which also involved hiding, running, and darkness. Still, Moore Campbell emphasizes that the swamp and the hounds have different meaning for Keri and Trina than for Brad. Though Brad talks about “freedom,” Keri’s figurative description of her fear of and for her daughter’s mania is far more vivid. We see this in her apprehension during one of Trina’s ineffective 72 hour holds:

Something bad was going to happen. The signs were all there: massa was on his deathbed; mistress was crying. Auctioneers and lawyers were assembled on the veranda. I could feel the overseer’s eyes assessing the value of my flesh, her flesh. This wasn’t my first plantation. Deep South, that’s where I was headed.
What I needed was a swamp and a star. (79)

The “signs” of “something bad,” the “plantation” and the “overseers eyes” are all metaphorical evocations of the fear of Trina getting worse. It is impending mania that is assessing “her flesh,” mania that is equated with the “Deep South.” Metaphorically, Keri’s instinct is to run, to escape, to avert the auctioneers coming for her and her child. It is not surprising, then, that when Brad comes along, she sees his unconventional, illegal treatment methods – including non-metaphorical travel – as a viable “swamp and star.”

The irony of Keri’s acceptance is that she attempts to make her daughter “free” by putting her in locked cars and locked houses. As an underground railroad, Brad’s arrangement ferries distinctly unwilling passengers. Baker et al refer to the “brutalizing tendencies which emerge from continued frustration, and the way these lead to

increasingly coercive fantasies on the part of the caregivers” (105). One of the challenges of *72 Hour Hold* is this element of coercive fantasy. It is already problematic to equate freedom from slavery with a remission of mental illness; it becomes more so if such freedom is acquired involuntarily. That said, it is easy to understand Keri’s maternal frustration in dealing with her daughter’s self-destructive heights and dangerous fires. She too is pushed into seeking this freedom involuntarily. When another member of the renegade group asks Keri, “What other choices do you have?” she thinks “Harriet probably said that” (169). Both mother and daughter are passengers who have not chosen this journey, though they may have different feelings about what they are running from. Moreover, Moore Campbell’s novel does not sustain the coercive fantasy, since Trina escapes from – and recovers outside of – the underground railroad of unconventional and involuntary treatment. The idea of escape, of “getting her back,” ends up as something Keri learns to release. At the conclusion of the novel, she is no longer thinking about finding a swamp and a star, but rebuilding, ever mindful that you cannot “erect some impenetrable fortress that won’t be hit again and again and again. Things fall down, people too” (319). Though she also says “there is always another swamp to cross,” Keri seems by the end to have replaced the figure of flight with one of ongoing journey. This is the meaning she is ultimately able to find in her own and her daughter’s experience.

The primacy of Keri’s experience rather than Trina’s could reflect any number of psychiatric or literary trends. The psychopharmacological episteme may shift the need to find meaning in illness more to carers than to patients, or perhaps the increasing popularity of memoir has influenced the shape of fictional narratives of madness (see Chapter V). It may be that this seemingly different temporal emphasis on how madness

affects the lives of more than one individual is also strong existential message that expands the number of relevant subjectivities, telling a social story of how madness is experienced by many. Or this may simply be how Moore Campbell chose to write this particular novel. Keri's centrality can ground a discussion of distress even if she is not the one receiving psychiatric treatment. More than once, readers encounter the question of the subjective experience of distress, usually in the form of a question: whose experience is worse? One of the mothers Keri meets on the underground railroad says it's the parents: "At least when they're spinning out of control, they're in their own little world, imagining that they're okay. But we have to stand there and watch them and love them and know we're helpless" (188). Then again, Brad tells her "You think your daughter's bipolar disease is your personal tragedy, but it's not. It's Trina's. She is the one with the brain disease, not you" (217). The novel pulls our sympathy in two directions: the mother's experience is clearly harrowing, and, as narrator, Keri has a built-in claim on us; however, we are repeatedly reminded that, however dashed Keri's hopes may be, however helpless she feels, however permanently altered her life, the "tragedy" at hand is not solely, or even primarily, hers.

There are moments within *72 Hour Hold* that convey Trina's internality beyond the idea of either "personal tragedy" or "brain disease." Our sympathy is mostly pulled toward Keri, but there are parts of the text that suggest the depths of Trina. In a fairly lucid moment, she expresses her regrets to her mother:

I can't go to school if I'm flying, Mom. All the letters on the page come together and the numbers are jumbled. Nothing makes sense when I'm flying. And I don't know when I'll take off again. [...] I want to go to Brown. I studied so hard. I passed all the tests and now I'm not smart anymore. [...] When I try to think, everything is so slow. I can't remember things I used to know. (299)

Trina attempts here to describe her experience, including how it feels (“flying,” in an echo of Keri’s airy imagery), its concrete consequences (“jumbled” numbers and converging letters), and the sense of waste and loss (“I studied so hard... and now I’m not smart anymore”). And while it’s true that the novel does not include many such moments – since Trina is more often “flying” than reflecting or articulating, her mania is too aggressive to be very sympathetic – I would argue that the pathos in this passage is heightened, rather than diminished, by its rarity. So much of Keri’s (and thus the reader’s) time is spent describing Trina in order to evaluate her that hearing her descriptive evaluation of herself is effectively shocking. Trina’s value has never been understated; Keri clearly treasures her daughter. But in this moment we are reminded that Keri’s story is not the whole story and that valuing Trina is not the same as being her. Distress can be widespread, and every voice can and should add to our understanding, but the personal lived experience of madness is irreplaceable – something that the *DSM* and the purveyors of pharmaceutical wares would do well to remember.

The importance of lived experience is underlined by the final scene of *72 Hour Hold*, in which Trina participates in a performance put on by her group of mental health “consumers” (316). This group writes and performs plays as one of their therapeutic activities. Though the novel ends before describing this play, we can see that it is possible for Trina, and other people like her, have the potential to be part of and tell their own story. This is not the miraculous ending that Keri has been hoping for throughout; there is no return to Brown on the horizon. But neither is it an ending that mirrors her worst fears. Again, Keri has started to let go of the image and the story of fleeing into freedom. She is now able to hear “the happy endings” in her support group: “I realized there were many

people who were holding steady on the seesaw of mental illness. The *pretty well* stories had been attenuated in my mind because I'd been looking for another ending. [...] Not everyone here is sad" (303).²⁸⁵ When Keri admits Trina into a locked facility after their return from the failed underground railroad experiment, she is told that Trina will be "fine" and wonders what that means: "Was *fine* just low-level survival at an institution forever, or did it mean eventual reentry into the world?" (312). Reentry into the world does not seem off-limits for Trina; the form of "fine" or "pretty well" that her life will take seems to be in her own control. She is not madness-free; her neurological condition has not changed, though medication (and medication compliance) can ameliorate it. Still, she is participating in a play. She is capable of making her own choices and telling her own story. This is a fairly hopeful form of "fine."

When Keri looks at the collection of people on a hospital psychiatric ward, a veritable Easter basket of schizophrenics, addicts, suicide threats, and others, she thinks: "Crazy was not a useful word in this place. Seventy-two hours holds demanded specifics" (79).²⁸⁶ Recent women's madness narratives offer these specifics, including details and descriptions of diagnosis, behavior, treatment, and neurochemical etiology. Yet amid these thoroughly researched (or lived) specifics, fiction continues to pose opportunities to look beyond those details and see internality, subjectivity, social context, and personal experience. These are the elements that make madness worth listening to as well as looking at, and that keep these women from being just "some freak."

²⁸⁵On this kind of ending, see Moore Campbell's interview with Jane Campbell, in which she says: "I like to be hopeful. I like to end where the characters still have work to do, but it's clear that if you do the work, your life is going to change for the better" (965). This does seem to be true of Keri and Trina.

²⁸⁶Similarly, in Myla Goldberg's *Bee Season* (2000) a character says: "Calling someone crazy doesn't describe the problem. It's a name used by people who don't understand or are too afraid to understand what's really going on" (241). For more on the usefulness and prevalence of the term "crazy" (as opposed to mentally ill), see also Moore Campbell (259) and Shirley Jackson's *The Bird's Nest* (190).

Conclusion: Listening Better, Listening Broader

“People [...] are always so anxious to get things out into the open where they can put a name to them, even a meaningless name, so long as it has something of a scientific ring. [...] I will not put a name to what has no name.” (Shirley Jackson, *The Haunting of Hill House*)

In *72 Hour Hold*, Trina’s doctor tells Keri that her daughter is bipolar, and Keri muses: “That was the scariest part, the way he said it. She *is* bipolar, not she *has* bipolar disorder. You *are* cancer. You *are* AIDS. Nobody ever said that” (25). This adhesiveness of mental diagnoses affects not only fictional characters, but also real people, some of them writers but many of them not. In these women’s madness narratives, there are models of how to combat that adhesiveness, to avoid a knee-jerk, anxious movement towards scientific-sounding but meaningless names. This impulse has pervaded the psychiatric discourse about women for most of the twentieth century. Edwin Schur summed up the double bind this way: “If women embrace their assigned role fully they are regarded as overdependent, narcissistic and neurotic; if they reject it, they are seen as schizophrenic” (qtd. in Warren 216).²⁸⁷ When purely biological ideas about madness dominate lay and professional discourses, it is hard to fight the stickiness of these names; women may be pathologized for any choice they make, simply because they are women. Balancing the prevailing psychiatric history with a dose of sympathetic and subjective literature is thus a very wise thing to do.

We do not quite inhabit the mindset of that double bind any more, though that is no reason to cease the quest to enrich our understanding of the continuum of distress. We have learned from the past, and we can continue to learn. Phyllis Chesler revised *Women*

²⁸⁷ Astbury makes a similar gesture with an allusion to one of our martyrs or models, saying: “Sylvia Plath believed that as a woman you are damned anyway; if you are normal you are mad by implication and if you are abnormal you are mad by definition” (5).

and Madness partly to incorporate new learning, to blend it usefully with old knowledge.²⁸⁸ Our ideas about mental health have changed, and with change comes both relief and discontent. Some find the current psychopharmacological paradigm liberating, because it does not diagnose social frustrations as illnesses and it might reduce stigma by treating madness as a blameless “brain disease.” Others find it insufficient, because it is not a “multifactorial model,” as Jane Ussher advocates, and neglects many of the material, discursive, and intrapersonal factors that go into the experience of madness (26-35).²⁸⁹ The challenge of any epistemic model is its power to both validate certain expressions of distress, but also to reify new norms, create broader pathologies (recall the ever-expanding *DSM*), and undermine its own good intentions by overreaching.

So where do we stand? I agree with Susan Wendell’s claim that “If disabled people were truly heard, an explosion of knowledge of the human body and psyche would take place. [...] We have access to realms of experience that our culture has not tapped” (120). Yet, despite the value of such an explosion of access, I do not want to conclude with the somewhat glib and insufficient demand to listen better.²⁹⁰ Fiction has the power to spread ideas about and understandings of illness; listening to (and sympathizing with) the stories of women can help take them out of the proverbial, provincial, pathological attic. However, it is also necessary to be aware of how the texts

²⁸⁸As Chesler summarizes: “we’ve learned more about the genetic and chemical bases of mental illness. We’ve learned that those suffering from manic depression, panic and bipolar disorders, or schizophrenia often respond to the right drug at the right dosage level; that all drugs have negative side effects; that we shouldn’t prescribe the same drug for everyone especially without continually monitoring the side effects; and that verbal or other supportive therapies are often impossible without such medication” (29).

²⁸⁹For more on the insufficiency of what she calls “the neuro view of life” (473), and the necessity of including social and political spheres as well as self-analysis and chemical treatment (4), see Appignanesi.

²⁹⁰See Astbury (191) and Weinstein (160) on the importance of medical and psychiatric listening; see also Hubert on madness narratives as one way to listen, albeit not a replacement for actual relationships (144-5).

have been constructed in order to garner our attention and our sympathy. Analysis and other forms of real intellectual rigor are needed to recognize the specificity of certain forms of distress in order to ensure that the distressed person gets adequate and compassionate treatment. The novels in this section reveal that some experiences are hard to “get out into the open,” experiences we should not rush to put a meaningless name on. But to rest on such a conclusion would not truly be good listening. There are also political and social consequences inherent in representations that glorify obfuscation and revel in showing up “wrong” doctors when it is, for some people, a matter of life and death that there be a “right” doctor in the house.

Perhaps a better way to put it is to say we need to listen more broadly. Any individual story will emphasize certain elements of experience and explanation which would be simplified, reductive, or even inaccurate if extrapolated to universal applicability. Ignoring social factors is as misguided – as unhelpful – as dismissing biological ones. Bradley Lewis suggests that the answer to reductive tendencies is not simply to revile them, but to compile them: “When simplicity multiplies, rather than becoming hegemonic, it becomes one of many. Through multiplication, each simplicity loses the violence of totalitarian control” (61). We need better stories and more complex strategies for interpreting them, but more than that, we simply need more stories. If the experience of distress can be worsened, if not fully explained, by conditions of social oppression, we need to fight those conditions through a democratic broadening of stories, be they “artistic,” “authentic,” or both, and an inclusion of as many versions and voices as possible.

CHAPTER V

METAPHOR AND UNDERSTANDING IN RECENT MADNESS MEMOIRS

Introduction: Speeches and Symptoms

*“I still believed that honesty was the best policy; but the brute fact was, I was an invalid now, and I wasn’t entitled to a policy, not a policy of my own. I feared that if I didn’t tell the strict truth, my integrity would be eroded; I would have nothing then, no place to stand. The more I said that I had a physical illness, the more they said I had a mental illness. The more I questioned the nature, the reality of the mental illness, the more I was found to be in denial, deluded. I was confused; when I spoke out of my confusion, my speech turned into a symptom.” (Hilary Mantel, *Giving Up the Ghost*)*

Hilary Mantel’s endometriosis went undiagnosed for years. Or rather, it was undiagnosed as endometriosis; Mantel herself was diagnosed and treated in many ways, and her memoir *Giving Up the Ghost* testifies to her decades of experience with the British mental health system. One of the most relevant (and heartbreaking) patterns she observes is that being “an invalid,” particularly a mental invalid, undermines her attempts to know and speak the truth. Her denials, whether they are of putative diagnoses or disorienting drug treatments, are untrustworthy – more than that, they are symptomatic. In the 1970s, Dr. Morton Birnbaum coined the word “sanism” to describe this phenomenon, in which the patient’s status as a patient signifies that he or she *must* be a patient (K. Donaldson 41). Sanism is the tautological notion that sickness necessarily inheres to the fact of diagnosis. Yet sanism has not kept Mantel “in denial, deluded,” or silent; instead, she and many others have extended their honesty and integrity through acts of first-person non-fiction. (More on terminology in a moment.) These works reclaim speech from the symptom and use the imperfect tools of language to improve an even more imperfect understanding of lived, and not invalid, experience.

Books like Mantel's have come to dominate the late twentieth- and early twenty-first-century literature of madness.²⁹¹ As Peter Kramer, author of *Listening to Prozac*, noted in the *New York Times Book Review* in 1996, this genre defines our readerly "era": "No mental disorder, from alcoholism and autism to schizophrenia, is without its confessions. Obviously, these titles represent niche book selling, a guide for every challenge" (qtd. in Couser *Recovering* 7). This is not to imply that first-person accounts of madness did not exist before, say, 1989, the year William Styron first published the material that would become *Darkness Visible: A Memoir of Madness*.²⁹² However, madness memoirs have become big business and gained wide readerships far more in the last 30 years than the previous 100. We are now listening avidly to the voice of Mantel and other writers like her. In this chapter, I suggest that the reason madness memoirs have become so popular is that they use both the narrative and metaphorical aspects of writing to portray what is perhaps the central feature of madness: its challenge to comprehensibility. The same way that madness in minor characters inspires an answer to "what does this mean?" and in major characters, to "how did this happen and what is it like?", madness in contemporary memoir engages hermeneutic, temporal, and experiential questions all at once. It allows writers to seek understanding both from

²⁹¹First-person non-fiction has risen to prominence within the literary market as a whole. Leigh Gilmore notes that the number of volumes categorized as memoir or autobiography roughly tripled between the 1940s and the 1990s, leading her to call memoir "the genre in the skittish period around the turn of the millennium" (1). See also Anne Hunsaker Hawkins's claim that that books about the personal experience of illness are uncommon before 1950, and downright rare before 1900 (3). Hawkins suggests that our increasing unfamiliarity with illness and death may be spurring the genre's popularity (11).

²⁹²On some of the earlier examples of what I call madness memoir, see Mary Elene Wood's *The Writing on the Wall: Women's Autobiography and the Asylum* and Chapters 2 and 3 of Hubert's *Questions of Power*. Some of the major names of the women and men who wrote first-person accounts of illness and treatment before the late twentieth-century glut include Elizabeth Packard, Clifford Beers, Clarissa Lathrop, Daniel Paul Schreber, Jane Hillyer, Harold Maine, and Barbara Field Benziger. These earlier writers tend to engage more with the practical and political aspects of madness than its epistemological challenges, resulting in more straightforward stories and less in the way of exploratory metaphors.

readers and within themselves. As Susan Hubert says of the memoir *The Loony-Bin Trip*, writer Kate Millett “seems intent to recreate the experience, but she also wants to explain it to herself. The act of writing is also an act of interpretation” (106). Madness memoir thus engages the epistemology of both story and language, narrative and metaphor, as writers seek to recount the details of their (mis)treatment and to find better, non-medical terms to convey the reality of their altered or distressed experience.

Before I proceed, a few words on terminology. As the word “madness” needed to be defined and justified in Chapter I, the word “memoir” also carries scholarly baggage. The names used for this kind of first-person writing are myriad.²⁹³ We might call them illness narratives, disability narratives, or survivor narratives, depending on which aspects of experience are presented and how rigorously they are interrogated.²⁹⁴ We might simply call it life-writing, though, as G. Thomas Couser points out in *Recovering Bodies: Illness, Disability, and Life Writing*, this assumes that the writer’s entire life is defined by this single element of his or her experience (14). Depending on the parameters of definition, some critics have used “asylum autobiography” (Wood), “madness narrative” (S. Hubert), “patient narrative” or “patient memoir” (Hornstein). Yet since Hubert and Hornstein would both include so-called “fictionalized” accounts such as *The Bell Jar*, I believe we need a term that better recognizes the claims made by first-person non-fiction. Plath’s novel sidesteps the charge of “veracity” or “reliability” that Janet Ellerby holds as crucial to the first-person non-fiction (32); see also Wayne Booth’s claim that “we read differently when we think a story is true rather than ‘made up,’” since

²⁹³For a further list of possible terms within the disability autobiography field, see Price (16).

²⁹⁴Jeanine Grobe’s collection *Beyond Bedlam* is rich in rhetoric of survival; for example, in “Survivor Pride” (75-8), Catherine Odette declares: “I survived in spite of the [Department of Mental Health], and I bear all the scars and memories of my imprisonment” (77). Hornstein too mentions survivor stories (9).

veracity and imagination have different goals (qtd. in Donley and Buckley xiv-xv). Anne Hunsaker Hawkins's term "pathography" comes closer to these different goals, referring to "a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death" (1); Couser uses "autopathography" to specify the first-person voice (*Recovering* 5).²⁹⁵ With his chosen term, Couser retains a distinction between writing about the self and writing as a witness to someone else; this is a fairly standard distinction between autobiography and memoir (*Recovering* 16). Yet "memoir" is the term I prefer when it comes to first-person non-fiction writing about madness.²⁹⁶ My choice is partly aesthetic; "madness memoir," we must admit, has a ring to it. However I also prefer to blur the standard distinction because madness is not perceived as a standard experience. Indeed, there are times when these writers find it useful to consider themselves witnesses to *their own* experiences.²⁹⁷ Madness memoirs record distortions, alienations, and alternatives. They tell a personal story of an illness which often feels like a loss of the self. A term such as autobiography, or even autopathography, fails to signify the epistemological questions raised by madness.

²⁹⁵Interestingly, both Hawkins and Couser make a point to specify that their texts exclude consideration of writings about mental illness. Hawkins offers no reason for this parameter (3), but Couser draws it because "dysfunctions like schizophrenia raise complex and largely independent issues – such as the representation of altered consciousness" (*Recovering* 17). This representational complexity is precisely the circumstance that I argue generates writers' reliance on metaphor as a way to bridge this epistemological challenge.

²⁹⁶In *The Wounded Storyteller*, Arthur Frank includes "memoir" as one of the three types of quest stories that can emerge in writing about illness, along with "manifesto" (defined by anger and calls-to-action) and "automythology" (defined by language of personal transformation); these three types overlap and interact in any given volume (119-26). Frank's types of quest narrative are echoed in Hawkins's division of pathographies according to authorial intent (10).

²⁹⁷Thompson, for example, finds it comforting to say "There is something wrong with my brain," which is "a different thing from saying, *There is something wrong with me*. The second was self-pitying; the first was a simple, factual statement" (189). Madness changes the relationship with self such that standard distinctions are not enough. For more on the potential of brain-based definitions to comfort, liberate, or de-stigmatize (as well as the failure of that potential), see Mark Vonnegut's *Just Like Someone Without Mental Illness Only More So* and Jay Neugeboren's *Imagining Robert*.

Whatever we call the genre, it is rich and various. As Kramer's phrase "niche book selling" suggests, there are volumes representing every diagnosis. Couser writes that "those illnesses that are especially threatening – either because they are common or because they are particularly fraught with cultural significance – tend to provoke relatively large numbers of narratives" (*Recovering* 8). We can see the fraught and frequent nature of madness in even a brief survey of recent publications. William Styron's *Darkness Visible* (1990), Tracy Thompson's *The Beast* (1995), and Meri Nana-Ama Danquah's *Willow Weep for Me* (1998) all deal with depression. So do Elizabeth Wurtzel's *Prozac Nation* (1994) and Lauren Slater's *Prozac Diary* (1999), though they do so with an evident pharmaceutical twist.²⁹⁸ As I will explore in the second section, Kate Millett, Kay Redfield Jamison, and Michael Greenberg all write about the illness called manic-depression or bipolar disorder, as does Mark Vonnegut in *Just Like Someone Without Mental Illness Only More So* (2010).²⁹⁹ Susannah Kaysen's acclaimed *Girl, Interrupted* (1993) and Rachel Reiland's *Get Me Out of Here* (2004) both engage with the diagnosis of borderline personality disorder. Truddi Chase's *When Rabbit Howls* (1990) and Jane Phillips's *The Magic Daughter* (1996) tell stories of multiple personality disorder, while Cameron West's *First Person Plural* (1999) is a memoir of multiplicity

²⁹⁸Mood-altering drugs, are a good example of the way that the epistemologically challenging experience of madness prompts metaphorical language. Slater writes that "the cure called Prozac doesn't fill your mind so much as empty it of its contents and then leave you, like a pitcher, waiting to be filled" (*Diary* 81). Tracy Thompson expresses her psychopharmacological relief this way: "I was a body floating to the surface of the water, and then my face felt the air and I breathed, for the first time in a long time, a long cool draft of oxygen" (249). Zoloft gets similar attention in *Willow Weep for Me*: "It was like being glued on top of the fence that separated pain from pleasure; nothing could transport me to the other side, either side. My mind could no longer access my heart, even in circumstances that would have ordinarily moved me to tears or laughter" (Danquah 202). For more on how these drugs interact with a memoirist's need to tell his or her story, see Ellerby (171) and Neugeboren (20, 184).

²⁹⁹Mark Vonnegut wrote an earlier book about his experience, *The Eden Express* (1975); however, this later volume is both more of a memoir as we recognize the genre and, it must be said, more enjoyable to read.

from the (novel and therefore highly marketable) male perspective.³⁰⁰ There are the texts that Couser would call standard memoirs, reflecting on the distress of a loved one.³⁰¹ Jay Neugeboren's *Imagining Robert* (1997) reflects on his brother's life and diagnosis, changing with every fad of treatment;³⁰² Virginia Holman's *Rescuing Patty Hearst* (2003) depicts her mother's schizophrenia and the "secret war" for which she prepared her children in a remote cabin; Pete Earley's *Crazy: A Father's Search Through America's Mental Health Madness* (2006) reports his son's struggles with the medical and legal systems; and both Signe Hammer's *By Her Own Hand* (1991) and Linda Gray Sexton's *Searching For Mercy Street* (1994) tell the story of the writer's mother's suicide as a tragic conclusion to her lifetime distress. Some texts reflect on a diagnosis given and the ensuing treatment experience while denying (more or less convincingly) that the diagnosis was true, such as Mantel's *Giving Up the Ghost* (2003) or Janet Frame's *An Angel at My Table* (1984), which describes the shadow of schizophrenia on her shyness.

³⁰⁰As madness memoir becomes increasingly popular, its gender distribution evens out. However, even my short catalogue shows that the genre has tended to skew towards female writers, as Nancy Mairs notes in her preface to Couser's *Recovering Bodies* (xi). There are many possible reasons for this: over the late twentieth century, women have tended to have more experiences with psychiatry than men, both because they are more willing to report their distress to doctors and because those doctors are more apt to pathologize those reports; women's experiences have also tended to be more disempowering or terrifying, emotions which may prompt what Hornstein sees as "retaliations" in first-person writing (8); furthermore, because women and psychiatry had been so closely allied in the nineteenth century, there already existed a strong tradition of women's responses to their diagnosis and treatment, a tradition that, like sentimental novels, may not have appealed to male writers; finally, the very division that underlies my Chapters 3 and 4 – that male madness tends to be attributed to war trauma and female madness to the faulty state of female biology – means that men received different diagnoses and treatments, and have tended to write their memoirs about war (such as Sassoon's *Memoirs of an Infantry Officer*) rather than about madness.

³⁰¹There are also narratives in which mind-doctors reflect on their own experience as practitioners, such as Russell Packard's *The Psych Wards* (1984) or Charles Barber's *Songs from the Black Chair* (2007). These are thoughtful and interesting documents that belong in the broader conversation between medicine and the humanities, but I would not call them madness memoirs because they generally do not attempt to render or understand the experience of what madness is "like" as these others do.

³⁰²In Michael Greenberg's *Hurry Down Sunshine*, his daughter's mental illness is the primary focus, but his brother also has troubles, and they are similar to Robert Neugeboren's: "they called him 'schizoid' in the sixties, 'borderline' in the eighties... 'Chronically maladjusted' is the term now for his hopeless middle age" (40, ellipsis in original).

These madness memoirs may emphasize a number of possible narrative elements as writers shape and share their stories. Some focus on family history, some on political or historical context, some on personal struggle. But in this rich variety, one pattern remains the same: madness ruptures experience, identity, and ordinary language. These many memoirs seek to understand world, self, and words in the wake of this rupture.

The sum of this catalogue, then, is these two points: first, that madness memoirs must use language to fight language; that is, these writers conscientiously seek ways to communicate their distress and alternate experiences beyond the labels arbitrarily applied to their condition. The term “clinically depressed” does not convey what Styron, or Thompson, or Danquah experienced, so they reach for other means of expression to defamiliarize what is tamed or even falsified by the diagnosis. Two of them do so with their very titles, as Styron’s “Darkness Visible” and Thompson’s “Beast” both offer different words to figuratively convey their reality.³⁰³ Hawkins asserts that the genre she calls “pathography” springs from “the need to communicate a painful, disorienting, and isolating experience” (10); Hornstein emphasizes that the genre is unique because “madness seem[s] to preclude a coherent account of itself” (10); thus, it is a combination of need and linguistic challenge that spurs the search for better words and descriptions. The second important point is that madness memoirs reclaim the subjects’ voices, both in how they describe their experiences and what they report about their treatments. These

³⁰³In *Willow Weep For Me*, Danquah (a black writer) argues with the metaphor Styron invokes: “You’ve heard descriptions of depression before: A black hole; an enveloping darkness; a dismal existence through which no light shines; the black dog; darkness, and more darkness. But what does darkness mean to me, a woman who has spent her life surrounded by it? The darkness of my skin; the darkness of my friends and family. I have never been afraid of the dark. It poses no harm to me. What is the color of my depression?” (22). Danquah instead uses figures drawn from senses other than sight, comparing her experience to a feather, the onset of a cold or a storm, a field of velvet, and the voices of tenors and sopranos. Notably, Jamison, herself quite an inventive writer, says that “Depression is awful beyond words or sounds or images” (217). There are times when the limitations of language are as important as its capabilities.

writers take back the story and refuse to be shamed into silence.³⁰⁴ Both Hawkins and Hilary Clark note the importance of the first-person voice and as opposed to the institutional medical discourse, using words like “subjective,” “experiential,” “reclaim” and “critique” (Hawkins 12, Clark 46-7).³⁰⁵ Looking for the right words and giving back voice are the ways that madness memoir fights sanism. Berry Blaska, in a powerful short piece in the second-person, explains what it is like to be Chronically Mentally Ill, or what she calls a CMI:

... denied your own inner conviction, feeling, and instincts; frustrated; stigmatized; expected to conform; always wrong; put in double binds; given a lack of choice; lack of control; and lack of love; left with nothing; and finding it's better not to tell, not to try, and even not to live. (29)

Madness memoir tips back the scale for its writers, making it “better to tell” and possible to restore that sense of control and “inner conviction.”

It is easy to see why former patients or family members might feel the need to tip the scale and make space for their own voices and convictions, but why is this genre so popular with the general public? Madness memoirs may be a healthful corrective for the reductions of medical discourse, not to mention the falsehoods of television (Philo 18-

³⁰⁴The relationship of madness, speech, and shame is nothing new; in 1927, Jane Hillyer wrote: “I knew [my writing] would make no difference to my most intimate friends, and that most people were too busy with their own affairs to think much about mine. Still I was perfectly conscious that the attitude towards insanity was still one of recoil on the part of a large portion of society; it is a disgrace, a thing to speak of in whispers” (qtd. in Geller 243). Hillyer and others stop whispering, disgrace be damned.

³⁰⁵In her analysis of *Girl, Interrupted*, Clark points out that the inclusion of Kaysen’s medical documents (case notes, patient reports, etc.) makes that reclamation of voice and experience even more “pointed” (47). No surprise, then, that such inclusion recurs in madness memoirs, including Kenneth Donaldson’s *Insanity Inside Out*, Lara Jefferson’s *These Are My Sisters*, Kay Redfield Jamison’s *An Unquiet Mind* (in which, as a doctor herself, she recounts no bureaucratic difficulty in obtaining them), and Jeanine Grobe’s essay “Hospital Records” (*Beyond Bedlam* 65-72). These official documents often prompt direct counterpoints from the writers, as with Kaysen’s “annotated diagnosis,” in which she quotes but also questions the *DSM*’s descriptions (150-3). Danquah also quotes from the *DSM*, though with far less quibbling about its applicability (268-9). Jefferson makes one of the most poignant statements comparing her understanding of the situation with the doctors’: “what do I know about it? Nothing, exactly nothing. And yet I know everything, I have been through it. There is no teacher so convincing as experience, but experience does not equip the student she teaches with a technical vocabulary of ten-syllable words” (45).

21), but the public is not known for embracing healthful correctives. Moreover, given what disability studies has to say about the fear and degradation of the other, it might seem counterintuitive that there would be such appetite for non-fictional stories of mental illness. Although my position is otherwise, one could see this appetite as a continuation of othering and oppression. Susan Hubert argues that the popularity of the madness memoir might be fueled in part by voyeurism, with reading being “akin to peeping into the lives of the mentally ill and vicariously experiencing the ‘sordid’ world of madness” (106-7).³⁰⁶ In this account, it is important that the experience *be* vicarious. As Couser reiterates, the very permeability of the category of disability inspires vigilant patrol of its borders by those he calls “normals,” “more out of fear that they may stray over it than out of fear of transgression by those on the other side” (*Recovering* 178). Indeed, in *Girl, Interrupted*, Kayser reports being subject to coded questions (with hidden meanings like “I need to know the particulars of craziness so I can assure myself that I’m not crazy” or “Are you still contagious?”) in order to reassure the askers that what happened to her couldn’t happen to them (124-5). The voyeur and the needy self-tester: these imagined readers are unlikely to care much about new language and regained voice. Nor is there much to be hoped for in explanations that emphasize the drama or adventure inherent in tales of personal crisis (Hawkins 31, 1), as those too can be predicated on insensitivity or exploitation. Such accountings give little credit to the reading public.

But I question these accountings of the genre’s popularity. While there are elements of fascination and fear in the reading of madness memoirs, there can also be sympathy and willingness to learn. The former is significantly enabled by the form’s emphasis on the first-person voice. When writers such as Elizabeth Wurtzel or Kate

³⁰⁶See also Leigh Gilmore on the voyeur or masochist positions offered to readers of trauma narratives (22).

Millett offer readers their side of the story, we are inclined to hear them out. In a way, this is the opposite of the need for reassurance: rather than putting distance between ourselves and the narrators, we can inhabit this other perspective and imagine sympathetically how such events might come to pass.³⁰⁷ Similarly, the willingness to learn can be seen as the opposite of voyeurism, as we approach a text anticipating understanding rather than pleasure. Madness memoir is democratic, rhizomatic, a form well-suited to the internet age, as reader-consumers look for other versions of a story to balance and “review” what so-called experts have declared. The urges to sympathize and learn both speak to a truth that none of the above explanations acknowledge: madness is not some rare, sequestered, foreign experience. Donna Kemp cites a 1999 U. S. Surgeon General’s report that 1 in 5 people experience mental illness in their lifetimes (29); Bradley Lewis cites an estimate that 1 in 4 Americans are on Prozac or a drug like it. Anyone who knows or is related to more than three people is highly likely to have some significant encounter with mental illness.³⁰⁸ We read these memoirs, then, because we *already know* these people, and we want to understand their experience better.

Madness memoirs foster understanding in their narrative elements and their use of language. Madness in fiction kickstarts particular narratives; so too in memoir, as the book would not exist without the writer’s mental distress. The difference is that in memoir, characterized by claims of veracity, madness is not chosen for the narrative

³⁰⁷Sympathy is, of course, not guaranteed; see Ellerby on how readers may “decline the engaged, empathic role we hope to invoke and become, instead, detached and dispassionate, unforgiving and judgmental” (73), though she sees this as an unfair and unusual response to the personal claims made by the memoir form. Ellerby further argues that the “intimate reading” of madness memoirs can make us better advocates when we encounter mental illness in ourselves or our families (167, 175).

³⁰⁸These encounters can have an additional component of tragedy and grief, since, as Jamison notes in *Night Falls Fast*, 90-95% of people who commit suicide have a mental illness (100). According to the National Institute of Mental Health, suicide is the tenth leading cause of death in the United States, so it is callous to suggest that readers do not understand the stakes involved in many of these memoirs.

possibilities it enables. Rather than the matter suggesting a potential shape, a shape must be found for material that has already happened. In *The Wounded Storyteller*, Arthur Frank names three forms of illness writing: the restitution narrative, in which illness is an interruption and health is finally restored; the chaos narrative, in which illness overwhelms the teller; and the quest narrative, in which illness is accepted and the teller finds some use for his or her story (85-135). Madness memoirs reside between chaos and quest. They depict often chronic illnesses (disqualifying restitution) which threaten to subsume identity but can still be given meaning and purpose. No matter what plot elements a memoirist includes, the overarching pattern of a madness memoir is a most daunting one: explaining something unexplainable. What truth can be transmitted about madness, really? The details of medical and social treatment can be shared, and are often appalling in their cruelty or foolishness. But accepting and finding a use for these diagnoses and experiences can be challenging. This may be why Frank suggests that the true lesson of a quest is that “contingency is the only real certainty” (126). What is contingent may be the meaning granted by the narrative form of the quest. Madness memoirs report the exterior circumstances of experience and try to explain how and why these circumstances entered the writer’s life, but they also often recognize that this reporting and explaining is neither permanent nor protective: chaos can, and probably will, come again. As Pete Earley writes in the epilogue to *Crazy*, all statistics indicate that his son will someday stop taking his medication and relapse: “His illness was not ending because I was writing the final chapter of this book” (361). The courage of madness memoir is in the quest to give shape to past chaos and in the face of probable future chaos. There are facts, but there are no answers. And yet there can still be a story.

The stories shaped within madness memoirs share many elements. There is generally, often in the first chapter or even the first line, some charged incident that epitomizes the reason for diagnosis. For instance, the first sentence of *Hurry Down Sunshine* is “On July 5, 1996, my daughter was struck mad” (M. Greenberg 3). There is often a family background, presented either in a single shot leading up to illness or in various flashback scenes associated with it. Then there is the depiction of treatment, whatever that means for the individual (and episteme) involved. This almost always includes a strong emphasis on one’s doctors, with depictions ranging from laudatory to downright furious.³⁰⁹ Madness memoirs include descriptions and opinions of electroconvulsive therapy, insulin comas, Thorazine, lithium, Prozac, and every treatment in between. In memoirs that include prolonged hospital stays (usually either written or set before the rise of deinstitutionalization in the late 1960s), there are often patterns of learning the ward and describing the other inmates.³¹⁰ Memoirs of recent madness experiences may also include the practical side of treatment, reporting the hurdles and exhaustion of the insurance system.

This last narrative element of madness memoir is a specific example of this genre’s noteworthy tendency to offer breadth as well as depth in depicting the role of madness in a life. Madness memoirs often emphasize not only the individual story but the

³⁰⁹For example, Jamison falls on the former side, Jefferson on the latter. In *These Are My Sisters*, Jefferson notes that the doctors are as inconsistent as the patients (27); worse, their knowledge fails to be helpful: “They have endless formulas which may be very informative to them – but they can give little information to those whom they are trying to deliver from madness. [...] I do not resent the fact they are unable to help us. I do resent the fact they take such pride in themselves for wisdom they do not possess” (46).

³¹⁰For instances of the character typology, see Kate Lee’s 1902 catalogue of the “various reasons” women came to the hospital (qtd. in Geller 211-2); Maine’s description of what he calls “The Psycho Club” (61-85); and Jefferson’s writings about women she gives names like the Camel, the Pagan, and the Farm-Woman (60-4). For examples of memoirists recording how they learned about the Ward, see Maine (37-40) and Kaysen’s chapter “Applied Topography” (45-7). For both in conjunction see Thompson (158-63).

world in which it is set – the political and cultural context of what is called madness.³¹¹

This context can take many forms. Sometimes it is as simple as pointing out the difference between madness and actual political rebellion and power, as in the chapter of Kaysen's *Girl, Interrupted* entitled "1968" (92-3), which contrasts the interior of a mental hospital with the political events the inmates watch on their television. Social context can also be emphasized in a practical, journalistic list of ways to improve the legal and life situations of our distressed relatives, friends, and neighbors, as in Earley's chapter entitled "Solutions" (352-60). One of the most interesting gestures toward the political context of madness is in *The Beast*, where Thompson describes part of her healing process as learning to *let go* of that search for meaningful context:

Always before, I had struggled to make sense of my black periods by finding a "reason" for them in people or events. At eight, the reason had been President Kennedy's assassination. At thirty, it had been my unmarried state. Both of these external perceptions had been real; both had caused me sadness. But neither was responsible for *all* of my feelings, or for their intensity, or for their stubborn refusal to be shaken. My feelings had been so strong that I had freighted outside events with significance they did not have, in order to justify them. Here, finally, was the reason for the nagging feeling I'd had over the years that these external explanations didn't really make sense: it was because they hadn't. (220)

Thompson is relieved when she accepts her "beast" as shaped but not encompassed by these "external explanations," which are "real" but not "responsible." For Thompson, a neurological explanation of depression makes "sense;" yet her memoir still surrounds that (gradually attained) explanation with other personal, social, and political experiences.

However the emphasis manifests, the interaction of the external and internal experiences of madness is a prominent feature of madness memoirs. This interaction shows that the experience of madness and its "meaning," such as these writers find it, are inextricably

³¹¹On the memoir's ability – or even generic imperative – to combine individual story and social context, see Hornstein (8), Barbre et al (4, 102), and Bruner (44).

bound to temporal context. All of the plot-driving questions of madness fiction – what causes this, what is it like, and what does it mean – converge in the genre of memoir.

That said, none of these questions is easy to answer. Many of these memoirs are based on a search for understanding even knowing that such a search is likely futile. The epistemological mystery of madness is possibly the most resonant, relevant narrative pattern of memoir. Hawkins claims that a writer in this genre “constructs meaning by subjecting raw experience to the powerful impulse to make sense of it all, to bind together the events, feelings, thoughts, and sensations that occur during an illness into an integrated whole” (18). Readers need to understand the facts, including all the things mentioned above: family, doctors, treatments, surroundings, contexts.

More than that, however, a madness memoir-writer tries to render comprehensible a rupture and its consequences, to *herself* as well as a reader. Couser sees personal narrative as a “way of resisting or reversing the process of depersonalization that often accompanies illness – the expropriation of experience by an alien and alienating discourse” (*Recovering* 29). This process is simultaneously outwardly and inwardly directed, as experience is both recast for the public and personally reclaimed. Though some disability scholars are rightly skittish about what Margaret Price calls “the diagnostic urge to ‘explain’ a disabled mind” (17), I maintain that the need to explain *to oneself* thwarts the reductive diagnostic urge. Madness memoirs are rarely, if ever, tidy or conclusive; there is no take-away message that explains disability or gives it universal meaning. To my knowledge, no one has yet written a work entitled “What Went Wrong With My Brain and How You Can Avoid It For Yourself and Your Children.” Instead, people are adding their voices to a complex and ongoing conversation, and they do so in

part to show that the conversation *is* complex.³¹² They tell stories about how hard it is to draw conclusions so that readers will be less likely to jump to them. Seeking understanding is not necessarily the same as seeking an answer. This is the balance of the madness memoir, what Couser calls the genre's "mixed motive" combining "an urge for self-exploration and a desire to serve those with the same condition" (*Recovering* 15): these texts attempt to find meaning in personal experience and to use that meaning to help others. And sometimes help comes in the guise not of demystifying but of affirming that mystification is acceptable. Whether there are clear answers about madness, whether our episteme ever breaks through to conclusive explanations or not, there is no reason that these experiences should be stigmatized. A lack of answers is not a lack of knowledge or a lack of understanding; nor is it any excuse for a lack of respect.

A memoirist's approach to the shape of a story goes far in conveying the radically different experiences madness brings, especially through the details of how one is treated both medically and personally. But though these experiences of mistreatment may be foreign, they are not unimaginable. One can describe a wet pack as what it *is* (being wrapped in ice-cold sheets, immobile, for hours), and that is bad enough; there is no pressing need to reach for metaphors to express what it is *like*. But this is the point of greatest interest, and (perhaps because) it is the point of greatest mystery: what is madness *like*? This existential or experiential mystery is compounded by the definition of madness as outside language. Such a definition is voiced not only by scholars such as

³¹²The complexity of this conversation is a major element of Earley's book, in which he surmises that people actually don't want to accept a biochemical model of mental illness: "Because if we did, we would have to admit: *It could happen to us, It could happen to me*. I could become the sniveling, deranged creature hiding under the steel bunk nibbling on day-old orange peels. And that is such a frightening thought that we quietly search for explanations to prove that the mentally ill really aren't like us and they somehow deserve the torment they suffer" (121-2).

Allen Thiher and Marta Caminero-Santangelo, but also by writers (and parents) such as Michael Greenberg: “Madness wrenches us from the common language of life,” he writes in *Hurry Down Sunshine*, thinking of his daughter, James Joyce, and James Joyce’s daughter all at once (38). Unlike contagious diseases, madness is communicable only after the experience is over. So we ask people who have had these experiences to issue bulletins and venture circumlocutions. If madness severs ordinary communication, we need extraordinary language to attempt to convey it. This is why madness memoirs are so rich with metaphor. The quest to understand this experience comes down to the fundamental question of the language used to describe it.³¹³ Medical language does not do enough to express the felt, lived experience of madness. If I seem to be reversing my earlier position on metaphor, consider: there is a significant difference between using madness as a metaphor for something else and using metaphorical language to evoke the experience of madness. It is not impossible to have knee-jerk interpretations in madness memoirs.³¹⁴ Still, the kind of reductive metaphor that surrounds the mad minor character in fiction is not equivalent to the earnest, self-generated metaphors that pervade madness memoirs. These are epistemological metaphors, meant to further understanding through whatever slanted aesthetic inspiration possible.

Not all writers are inspired all the time. Some metaphors, like some narrative elements, are fairly common. Anne Hunsaker Hawkins points out particularly the

³¹³See Lucas’s study of the figurative language used by patients diagnosed with schizophrenia. Analogies, he writes, “were the very vehicle by which schizophrenic experiences were apprehended by participants and then conveyed in communications that drew on common, orchestrated understandings” (158). Figurative language and circumlocution based on the knowledge we *do* share can help create a deeper shared pool when it comes to these more recalcitrant experiences.

³¹⁴See Arthur Frank on the subgenre of “automythology” in which a specific illness becomes paradigmatic for universal concerns or conflicts and “The body of the storyteller becomes a pivot point between microcosm and macrocosm” (126).

metaphoric (or, in her word, “mythic”) structures of the battle and the journey as two of the most common (65-76). Both of these images live comfortably in the space between chaos and quest, perhaps because, as Hawkins puts it, they “help turn an experience where one is primarily acted upon into one where one can act – precisely by giving it meaning” (89). The journey metaphor also happens to be the first instance of figurative language used in Susan Sontag’s creed against using metaphors for illness. “Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick,” Sontag writes; “Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place” (3). Hawkins actually takes issue with Sontag’s famous first lines, although she also acknowledges that the ideal of metaphor-less language or existence is simply impossible, and perhaps not really an ideal after all (23).³¹⁵ Examples of the journey metaphor can be found in almost every memoir in my earlier catalogue, from Millett’s title to Kaysen’s cartographical chapter headings. One of the most interesting comes from Tracy Thompson, who writes: “Mental illness is a kind of exile into a foreign territory of the mind, although this foreign territory is right next door” (13).³¹⁶ Unlike Sontag’s “kingdoms,” Thompson’s metaphor of locale emphasizes proximity, calling into question

³¹⁵Andrea Nicki is even more explicitly displeased with the use of the “trip” metaphors, including Kate Millett, pointing out that such figures preserve a romanticization of madness. Further, Nicki sees the metaphors of travel and places as having potential to allow readers to engage in “victim-blaming” of the women who have mental illnesses; that is, the idea that women have chosen madness instead of oppression, chosen to go there, can actually be a disempowering way to understand it. Perhaps a small quibble, but I doubt if Nicki’s use of the word “victim” for someone with mental illness is a helpful metaphor either.

³¹⁶England et al argue that Thompson uses metaphors and images, particularly domestic ones, to signify that depression is only part of her experience: “Paying attention to prosaic quotidian moments allows her [and us!] to contextualize the depressive feelings within a frame of life that is moving and changing rather than fixed and static” (93). Two examples support their point nicely: Thompson compares neuronal patterns with “worn footpaths, merging in the snow” (73), and later the efficacy of cognitive behavior therapy to “a bulldozer... crashing through the underbrush of neurons in my brain, creating a new road, obliterating the paths that had been there before” (234). Roads are the quotidian, domestic face of the journey metaphor.

the “foreign” label even as she acknowledges its apparent validity. Thompson also provides a sterling example of a battle metaphor, as she calls her depression “the Beast” and an “adversary:” “For most of my life, the Beast has been my implacable and unpredictable enemy, disappearing for months or years, then returning in strength” (4). These adversarial or military metaphors also persist throughout these madness memoirs.³¹⁷ In the following case studies, I will look at more specific and less common metaphors that writers have used to express a hard-to-articulate experience.

These metaphors are not the truth. Madness cannot actually be traveled to, nor literally fought. But these metaphors nonetheless help create the pool from which we draw the truth. As Couser points out, the same may be true of autobiography in general; according to post-structuralist thought, it does as much to *produce* self as it does to reflect it (*Altered* 19). But this need not be a point of despair, or even, necessarily, limitation. Yes, Couser writes, the idea of a language-produced self “may challenge our sense of individual originality and uniqueness, but the resources of the language are vast, and our senses are perhaps *more enabled than constrained* by their linguistic dimensions” (*Altered* 251, my emphasis). The resources of the language are indeed vast, and writers of madness memoirs avail themselves of these resources deliberately and creatively in order to extend our horizon to encompass the vastness of the mind as well. And recognizing the metaphors that proliferate, provoke, or illuminate within these writers’ works can help us to enable better stories, better lived experiences, and better understanding.

³¹⁷See Jamison, who refers to “the siege” of her mania and “the war I waged against myself” (36, 6); Millett, who compares herself military heroine Joan of Arc (60, 85); and M. Greenberg, who not only sees his daughter’s mania “mount[ing] a new potent charge” but also quotes her desire to learn how to evade psychosis by “drop[ping] to the ground like you would when caught in the crossfire of a shootout” (233), which makes her madness a war that she wants to be fought *around* or without her. Janet Ellerby discusses how madness memoirs evoke “metaphors of warfare” in her critical response as well (156).

**Case Studies of the Mind in the World: The Metaphors of Manic-Depressive
Illness in Kate Millett's *The Loony-Bin Trip*, Kay Redfield Jamison's *An
Unquiet Mind*, and Michael Greenberg's *Hurry Down Sunshine***

"I missed my home, my mind, my life of books and 'friendly things,' my world where most things were in their place, and where nothing awful could come in to wreck havoc. Now I had no choice but to live in the broken world that my mind had forced upon me." (Kay Redfield Jamison, *An Unquiet Mind*)

Though all madness memoirs construct interesting metaphors, I choose these memoirs of manic-depressive illness for three reasons.³¹⁸ First, despite the fact that the three "patients" in these memoirs are all women, manic-depressive illness appears to have no statistical gender preponderance.³¹⁹ Kay Redfield Jamison suggests there may be greater cultural acceptance of "energetic, risk-taking" mania in men and "passive, sensitive" depression in women (123), but the diagnosis itself is not gender-biased. Second, this diagnosis is often associated with writers and artists who, as Jamison puts it, have "given highly articulate and vivid descriptions of their manias, depressions, and mixed states" (165-6). There may be, therefore, a higher incidence of compelling self-reflective metaphors in texts involving this diagnosis. Less speculatively, the diagnosis foregrounds the challenges of clinical description because of its fairly recent rebranding from "manic-depressive illness" to "bipolar disorder" or "bipolar affective disorder." As

³¹⁸One could also argue that manic-depressive illness is somehow the easiest diagnosis to deal with: it doesn't disorder thought (and thus alienate or frighten) as much as schizophrenia does, but, with its frequent response to lithium, it has a "hard" appeal of scientific validity that other diagnoses lack, as Kaysen suggests: "If my diagnosis had been bipolar disorder [...] the reaction to me and to this story would be slightly different. That's a chemical problem, you'd say to yourself, manic-depression, Lithium, all that. I would be blameless, somehow" (151). Neither relatability nor blamelessness is my reason for choosing manic-depressive illness for my case studies here, but it is fair to acknowledge that interpretation.

³¹⁹It is also an equal-opportunity memoir generator: examples of first-person non-fiction written by men about their own manic-depressive illness include Andy Behrman's *Electroboy* (2003), Shane Feldman's *Burn* (2006), Alistair McHarg's *Invisible Driving* (2007), and (albeit less intensely), Mark Vonnegut's *Just Like Someone Without Mental Illness Only More So* (2010).

both a patient and a physician, Jamison sees the value of striving for precise and objective language, but she is, she says, “offended” by the new name: “it seems to me to obscure and minimize the illness it is supposed to represent,” she writes, preferring the term “manic-depressive illness,” which she says “seems to capture both the nature and the seriousness of the disease I have, rather than attempting to paper over the reality of the condition” (181-2).³²⁰ (In this, Jamison differs from William Styron, who excoriates as slug-like, wimpish, and bland the word “depression” [37]). I take Jamison’s preference seriously and use the earlier term. Yet whatever choice I make highlights the fact that there *is* a linguistic choice, that this illness experience is approached but not apprehended by the name it is given. This is prime territory for exploring the relationship of language to understanding. These three memoirs, all less than 25 years old, use metaphors both to seek and to express a deeper understanding of this condition, of the way the mind can shape and break the world, than either linear story or medical terminology can convey.

Questions of language are important, whether we are naming diseases or people, because they reflect questions about identity. Post-structuralism and post-modernism both suggest that language never allows the expression of what a thing *is*, and only spirals us deeper and deeper into a contingent web of what it is *like*. For Debra Beilke, this is precisely what is interesting about Millett and Jamison’s memoirs of a mood disorder, since such diagnoses “reinforce, even magnify, postmodern formulations of the unstable self” (31). Beilke reads *The Loony-Bin Trip* (1990) and *An Unquiet Mind* (1995) as

³²⁰Jamison suggests that the new name is an attempt to neutralize past stigma with greater precision, but questions: “Is the term ‘bipolar’ really a medically accurate one, and does changing the name of a condition actually lead to a greater acceptance of it?” (182). Though language is important to public acceptance, Jamison argues that stigma is eradicated more effectively through successful treatment, advocacy, and legislation, rather than a new name (183). Also reflecting on the attempt to “get away from the stigma” with this name change, Mark Vonnegut remarks, “Good luck” (xiii).

contrasting studies in how writers respond to the identity threat posed by madness. This threat is one element Couser suggests may “stimulate” first-person nonfiction, along with a heightened awareness of mortality and a disruption in the plot of one’s life (*Recovering* 5). Yet of these three, surely identity is the keystone; both life plot and morality are predicated on a coherent sense of self, either self moving in a direction or self that will eventually be annihilated. Madness memoirs must account, first and foremost, for the writer’s identity, and they must do so with language, for there is no other tool.

Two moments from *An Unquiet Mind* illustrate this point. The first is Jamison reporting her sister’s strongly negative reaction to Jamison’s use of lithium: “My personality, she said, had dried up, the fire was going out, and I was but a shell of my former self” (99). This rapid-fire triad of metaphors shows how identity, and the changes wrought by both illness and treatment, demands metaphorical language. The self as a well or pool, or a roaring blaze, or whatever substance fills a shell – all of these metaphorical possibilities are required because without them, it is almost impossible to grasp what the self actually *is*. Madness highlights, perhaps exacerbates, but doesn’t invent, this central problem of language and identity. The second illustrative moment is Jamison’s powerful, lingering memory of a manic hallucination of sweeping past the planet Saturn. As a meteorologist’s daughter, she comments on the incident thus: “People go mad in idiosyncratic ways” (90). Madness memoirs may offer variations on a similar illness experience, especially when they share diagnoses, but they are not mere repetitions. Madness and identity are complicatedly related. Jamison’s idiosyncrasies lead her to experience – and then to express – her madness in terms of space and exploration. If, as Michael Greenberg notes, psychiatry requires such unrealistic thought for diagnosis

but remains “largely indifferent to the content” (104), madness memoir offers to solve that paradox at the level of language itself.³²¹ This genre is a place where content matters, where imagery can render identity and experience more fully than doctors’ notes ever venture. Perhaps there is no stable self, but self as these writers have come to understand it, both within and through their madness experiences, can and must be expressed in flashes and figures. Metaphor can support idiosyncrasy more fully than narrative, and it better encapsulates the epistemological complexities inherent in madness, identity, and their combination.

One more brief note about metaphor and madness. Among the many idiosyncrasies surrounding both personal and clinical understandings of distress is the question of how “real” these metaphors are. For Mark Vonnegut, for example, the problem with madness is that it fails to recognize simile or metaphor:

The fantastic presents itself as fact.
It would possibly be tolerable to feel *like* or *as if* one was on fire or *like* the CIA might be after you or *like* you had to hold your breath so that you could be compacted and smuggled to a neutral site in Mongolia to wrestle India’s craziest crazy. But there’s no *like* or *as if*. It’s all really happening, and there’s no time to argue or have second thoughts. (105-6)

Vonnegut defies metaphor to express the present-ness of the experience of madness, in which there is no tolerable distance between “as-if” and “really happening.” Other distressed and diagnosed people have a different take on the relationship between fantastic and fact. In *Agnes’s Jacket*, Gail Hornstein reports a conversation with a man named James who explains to her his concept of “lived metaphors” within his most serious spells of illness: “I’d have an experience that wasn’t hallucinatory exactly but was

³²¹On the relationship between “the specific content of symptoms” and the surrounding social and political culture belying the “universalizing tendencies of biopsychiatry,” see Sadowsky (250); see also Baker et al on the non-malignant goals that can lead to the ignoring of the content of psychosis (30).

so real that I could not disentangle myself from it,” James says (210). He names being in a labyrinth and having his forehead shattered as two non-literal experiences from which he could not disentangle:

It was as if my forehead were in pieces, and they were pulling apart, and it was just so painful, more painful than I can communicate. [...] I never believed that my forehead was literally shattered. I never believed that. I knew the ordinary truth about my bones and my skull. [...] I never actually believed my forehead was shattered. But I didn't know why it felt that way. That's why I say it was a lived metaphor. (216)

For James, the phrase “lived metaphor” conveys the combination of what he “felt” and what he “believed,” the “as-if” blended with the “ordinary truth.” There is no reconciling between James’s and Mark Vonnegut’s descriptions of how literally real metaphors are when illness is most serious. The two men have idiosyncratic personal experiences, neither of which is right or wrong, better or worse. What matters for this chapter is how writers use metaphors to express the nature of those experiences to people who have not had them. Jamison says of her flight past Saturn that it was not real, “not in any meaningful sense of the world ‘real’” (90). Nevertheless, she uses that powerful if unreal experience – lived *not* in the “as-if” but later understood that way – to prompt language and imagery that conveys what her madness was like through deliberate, retrospective writerly choices. It is these outward-focused metaphors that I am concerned with here, rather than how metaphor’s lived-ness defines the inward experience. In madness memoir, metaphor is how madness ceases to be an incommunicable disease.

In this first memoir, however, Kate Millett uses metaphor to convey the exterior realities of madness as often as its interior realities. *The Loony-Bin Trip*, Millett never consents to the diagnosis of manic-depressive illness. That is the diagnosis in play, but though she names it repeatedly, she does so in order to reject its applicability. Her

metaphors primarily depict how that diagnosis works to curtail her freedom, focusing on confinement and imprisonment as both figurative and literal consequences of being labeled “mad.” Millett wishes to convey her experience without surrendering herself to that label, because that is precisely how she sees it: surrendering her self. *The Loony-Bin Trip* is a memoir in three parts, spanning experiences from 1980 to 1988. In “The Farm,” Millett reports her decision (shared with her lover) to go off lithium after seven years of taking it, and the suspicion that escalates in those around her. This suspicion culminates in an attempt to hospitalize Millett, an attempt that fails because Millett runs into the street and finagles the aid of a police officer who knows and will enforce the laws against involuntary commitment. In “Ireland,” Millett is not so lucky, and spends many months in an Irish mental hospital. In “New York City,” Millett becomes what the doctors call depressed (she attributes the state to the trauma of imprisonment and the grief of a failing relationship), seeks treatment, works, gets better, and eventually goes off lithium without telling anyone and is fine.

Millett’s memoir is a protest against an unjust system, especially unjust because of the inescapability of its label.³²² Throughout her experiences, Millett’s first-person voice insists on a counternarrative to her diagnosed “madness.” In “The Farm,” she suggests that “a differentness has begun, if not in me, then in those around me” (Millett 33).³²³ Even if there is a difference in her, Millett offers alternative explanations besides manic-depressive illness. These explanations include the stifling atmosphere of suspicion

³²²For more on the tradition of protest in first-person non-fiction about madness, see Porter (167) and Susan Hubert’s *Questions of Power*.

³²³On the idea that the reaction of others to early suggestions of difference is what *creates* the condition called mental illness, see Nicki (91); see also the short piece by Victoria Papers in *Beyond Bedlam* called “How to Respond to Your Psychiatrically Labeled Friend or Relative (who may appear ‘mad’ or in a trance-like state),” which advocates “Recogniz[ing] that they are not ‘mentally ill’ but they can be made mentally ill by the reactions and misunderstandings of others” (Grobe 149).

and mistrust caused by the fact that she has been hospitalized before; constant interruptions at her writing; a lack of sleep; the gradual and painful dissolution of an exclusive relationship; and the forced ingestion of mind-altering drugs in a place that she says “was made for you to be mad in” (241).³²⁴ Such alternative explanations are often invoked in madness memoir: see Kenneth Donaldson on post-hospitalization suspicion (321), Jefferson on the maddening conditions within the asylum itself (174), and Jamison on decreased sleep (69). But Millett compiles these alternatives as a kind of reverse Occam’s razor: the simplest explanation, “manic-depressive illness,” must be false *because* it is so simple, and fails to account for the full complexity and distress of her life.³²⁵ Initially Millett simply intends to deny her own madness: “I had seen the crazy and found them crazed as well,” she writes, but she herself “was never insane” and is “not a manic depressive at all” (72). But by the end of the book, she denies the system that creates and wields these labels at all, declaring that *no one*, mad or not, deserves psychiatric oppression: “But if you are to be of any use, you will have to stop equating madness with captivity; that is, stop proving you aren’t crazy, since this assumes that if you were, you might deserve to be locked up: you’re only innocent if you’re sane, and so on” (248). This important shift in Millett’s thinking about madness and identity is encapsulated in metaphor, as she herself says. Equating madness with captivity or crime,

³²⁴Millett calls the “official method” of drug treatment “the true evil” of contemporary psychiatry, since drugs induce “visions, hallucinations, paranoia, mental confusion. Nothing could be harder than to maintain sanity against the onslaught of a drug” (218).

³²⁵In 1978, Judi Chamberlin noted the skepticism often shadowing the madness memoirs that declare the importance of this complexity rather than accepting the simpler medical story: “The positive values attached to psychiatric treatment by the general public often lead to the assumption that ex-patients who speak badly of their experiences are still ‘sick’ – and the feelings, thoughts, and beliefs of many people believed to be ‘mentally ill’ are simply not taken seriously. Books written by ex-patients in praise of their psychiatric treatment, on the other hand, find ready acceptance” (75). This had changed somewhat when Millett published her memoir, and has changed more still in the 22 years since, but it remains true that the label of “ex-patient” often invalidates or at least qualifies the complex explanation on which Millett insists.

she still acknowledges the diagnosis she wishes to reject. Millett begins by emphasizing *her* life's complexity and the unjust incarceration resulting from her reduction to the wrong side of a simplistic mad/sane binary; she ends by stressing the complexity of life itself and how that binary imprisons human potential as a whole. Later metaphors of *The Loony-Bin Trip* reveal Millett's decision to understand madness beyond a medical-punitive context and emphasize the beauty, wholeness, and continuity of the mind.

For more than 200 pages before this epiphany, however, Millett relies heavily on metaphors of incarceration. Beilke argues that Millett's use of criminal, legal, and penal language emphasizes the text's antipsychiatric agenda, making "institutionalized psychiatry and the people who buy into its belief system" into "the enemy" (33). Millett must fight against this institutionalized enemy because its labels are designed to invalidate her identity by taking her own mind away from her. Her language clearly suggests what she thinks of theirs: Millett calls her diagnosis a "professional scientific verdict" and refers to "the judgment against me... [the] charge of insanity" (12, 31).³²⁶ Verdicts and judgments are words with significant consequences for one's freedom. Additionally, Millett compares her sister to a "prison guard" (28) and calls the accusation of madness "the perfect set of handcuffs" (164). All of these metaphorical turns indicate the strictures imposed by both medical officials and civilian enforcers: a diagnosis means a life sentence of never having your mind to yourself.

These early metaphors spring from Millett's idiosyncratic experiences, such as her background of working as an activist for prisoners. This form of figurative speech springs not just from Millett's prizing of her mind as her identity (as Beilke stresses), but

³²⁶Psychiatric diagnosis as "charges" or a "sentence" is reiterated in Kaysen (150) and Jamison (187).

also from the life she has lived. Her idiosyncratic background gives Millett distance from her own metaphor, as she recognizes the differences between a mental hospital and a prison, specifically in their consequences. These consequences can be psychological, as we see when she reflects on “how the shape of an institution, its intention and definition, affect its inmates; felons remain sane in prison because it is prison and not a loony bin” (218). They can also be practical: “It is either a jail or a prison or, still worse, a real madhouse you will never get out of. [...] Enter here and you are buried alive” (193). With their greater danger, madhouses are, for Millett, “worse” than prisons. This is part of why that she eventually urges herself to abandon this metaphor as insufficient or misleading. Prison is both less affecting and less final than the label of madness.

Moreover, using language of crime and punishment conveys more about how madness is treated – the external circumstances – than about the behaviors, thoughts, and feelings that prompted those circumstances. Since Millett spends much of her memoir denying that there was anything in her behaviors, thoughts, and feelings that merited such treatment, the early emphasis makes sense. Her initial concern is the social aspect of madness, and the madhouse and the prison share for her an ideological message in which people “behave” out of terror. “How cruel and stupid,” she writes, “to punish [madness] as we do with ostracism and fear, to have forged a network of fear, strong as the locks and bars of a back ward. This is the jail we could all end up in. and we know it. And watch our step” (314). Millett radiates a Foucault-inspired antipsychiatric stance here, as she refers both to the literal confinement of the “back ward” and the figurative “jail” of fear that creates and then shuns the Other. But ultimately, prison metaphors fail to satisfy Millett for two primary reasons, as we see in the following quotation:

Of course, madness is worse than a crime; crimes merit trials, counsel, stated sentences if convicted. If acquitted of crime, one is free to go. You will never get acquitted and, as a matter of fact, you are not nearly as innocent as you claim. Because you were daft, thought daft thoughts, said daft things. Daft is mad, is a terrible and frightening disease to the world. People have been totally unable to cope with it, now or ever. Your madness is their possible madness. And it must be stamped out. It is all the hidden fears of the mind in losing itself. (Millett 232)

Again, Millett believes prisons are *less bad* than mental hospitals, because during a trial and after serving a sentence, accused criminals have fair standards and expectations.

From madness, however, one is “never acquitted.” The results are both social and literal strictures, as what “the world” can “cope with” will determine what one may do. But the second reason Millett abandons penal metaphors is because they preserve a binary of truth and lies, innocent and guilty, when what makes madness “terrible and frightening” is that it refuses those neat divisions. Fear pervades because the continuum exists.

Though figures of crime and punishment dominate, Millett uses other metaphors for her experience as well. One of the most interesting is that of cleanliness, especially since it is associated with the times when she gestures toward the potential validity of diagnosis. In the “New York City” section, Millett seeks treatment because, in the grips of depression, she finally *does* feel mentally ill: “Now, only now, are you crazy to yourself. Craziness that reeks worse than old socks, more like a ten-day-old corpse. Depression is death, the very tinge and certainty of decay” (257). Reeking like a decaying corpse is a sensory description of one of Millett’s lowest points, and it suggests the degree to which her mind and identity are affected by what she often characterizes as purely external factors in her penal metaphors. She is also affected by her surrounding cultural attitudes toward madness, as we see in a passage that combines images of medicine and cleanliness with language about such “errant” images in the first place:

you fear madness as much as the others, would cut it out of your mind like a cancer. Would be surgical about it, lobotomize your own errant thoughts: silly pronouncements, metaphorical thinking, symbols, woolgathering, impulsive urges, double identities, resemblances, similitudes, traces and recollections. All like dirt to be sprayed away with detergent. (248)

In this passage, Millett speaks to herself as part of a society, fearing “as much as the others,” and ready to submit to the purifying detergent spray of a sterile and surgical medicine. It is no coincidence that she thinks of what needs cleaning – or, more dramatically, lobotomizing – as her figurative language itself. Being *too* creative, *too* fluid with words or identity: this is what she knows will look like symptoms in a world made insecure by the challenges of knowing what *is* when it comes to mental health. At one point, Millett reminds herself of her “moments” when acknowledges that she might have fit a diagnosis: “Everything becomes symbol and significance, echo and gesture, doubles and representatives [...] Knowing I could justify these displacements in my own mind as poetic logic, but still finding them corny or overdone or just plain delusionary. That was crazy” (85). When Millett thinks of her own past flights of language, even when they are justified as poetry, she worries that they might actually indicate that her mind is “dirty,” that she is “crazy.”

But these metaphors too assume a binary division, in which to be sane is to be clean. And it is this division, reminiscent as it is of the oppressive system itself, that Millett’s final chapters want to reject. Not to say that they reject metaphor entirely; part of Millett’s point is that she should be able to think any way she likes, including in those “resemblances and similitudes,” without being mistreated because of what doctors call it. Rather, what she rejects are the inadequate metaphors that treat madness as something diagnosable and fundamentally different. Early in her experiment of going off of lithium,

Millett hopes that she will be able to be on the right side of the binary division: “To be whole, not a cracked egg, not an imperfect specimen, not a deformed intellect or a mental defective – but whole” (17). By the end of her memoir, ideas of imperfection, deformity, or defectiveness are taken as part of the wholeness and wide variety of the world. Even a cracked egg belongs. This is especially so when it comes to mental “imperfection,” because, as Millett points out, psychiatry is itself a metaphorical science based on a flawed analogy. It is only “like” medicine; as opposed to physical medicine’s “verifiable physiological proofs – in damaged or affected tissue, bacteria, inflammation, cellular irregularity – in mental illness alleged socially unacceptable behavior is taken as a symptom, even as proof, of pathology” (311).³²⁷ We need, therefore, to challenge the like-medicine profession’s linguistic and social power. For Millett, the metaphor of mental “illness” is a justification for the real confinement she protests in her metaphors of imprisonment. Millett wants to purify the experience some call madness of the metaphors that lead to damaging, sometimes permanent, consequences.

Millett calls for a rejection of binary metaphors and an embrace of those that find beauty in variety and continuity within the spectrum of moods and thoughts. One of her final passages advocates an end of fearing madness with two comparisons, one of which Millett makes in order to immediately disqualify it:

Let us stop being afraid. Of our own thoughts, our own minds. Of madness, our own or others’. Stop being afraid of the mind itself, its astonishing functions and fandangos, its complications and simplifications, the wonderful operation of its machinery – more wonderful because it is not machinery at all or predictable. (316)

³²⁷In *Darkness Visible*, Styron too reflects on the analogy between physical and mental illness, seeing it as incomplete more than flawed: “The failure of [antidepressants] to act positively and quickly – a defect which is not the general case – is somewhat analogous to the failure of nearly all drugs to stem massive bacterial infections in the years before antibiotics became a specific remedy” (55). Styron nonetheless sees mental distress as fairly compared to physical illness, and deserving of equal tolerance (62).

The mind is *not* machinery, which can be broken or fixed; it is more of a fandango, which can be done well or badly depending on the circumstances but is always worth attention. We are all capable of wonders and fandangos, Millett implies. Her final metaphor indicates that the collective spectrum of human consciousness is more important than any individual “mad” identity, and that such a spectrum should not be feared.

Kate Millett questions if she ever deserved the label of manic-depression; she makes her responses seem reasonable and her self seem like part of a healthily variable continuum. Kay Redfield Jamison offers a different perspective and a different set of metaphors for her illness. And she does view it as an illness; this is a key difference between them. Jamison writes: “Moods are such an essential part of the substance of life, of one’s notion of oneself, that even psychotic extremes in mood and behavior somehow can be seen as temporary, even understandable, reactions to what life has felt” (91). She is talking about herself, and her own resistance to lithium, but it might as well be said to Millett. Jamison’s *An Unquiet Mind* is about the extremes in behavior and mood beyond the “understandable.” Though Jamison shares with Millett the use of metaphor to seek and convey understanding, she spends less time on external conditions than on inner experience. This memoir begins with Jamison’s childhood and traces how moods turned into a mood disorder, as well as how it took a serious suicide attempt to persuade her to remain on lithium, even if it did mean losing some of that “essential substance.” Jamison argues for the absolute necessity of treatment, with medicine and psychotherapy, an opinion she arrives at both as a patient and a doctor.³²⁸ With this dual status, she knows firsthand the seduction of mania and the devastation of inadequate medication.

³²⁸As she writes: “I believe, without doubt, that manic-depressive illness is a medical illness; I also believe that, with rare exception, it is malpractice to treat it without medication” (102).

Jamison's medical degree is pertinent for several reasons. First, it creates a kind of auto-dramatic irony, as she reports that in her research and her reading, she never made the connection between "manic-depressive illness" and what was happening within her own brain and life. She is (at first) no wiser about her diagnosis than those outside the medical field. Yet this is countered by Jamison's incredible professional success; even if she became "ravingly psychotic" three months after joining the faculty at UCLA (63), she *joined the faculty at UCLA*. Jamison is such an impressive woman, even as she tells of the dark struggles behind her success, that *An Unquiet Mind* risks reiterating the overcoming narrative of disability. Couser characterizes this form as "reinforc[ing] the status quo by shoring up the comfortable belief that members of minorities do not face significant obstacles" (*Recovering* 203); other disability scholars have coined the term "supercrip" for that problematic exceptionalism. Of the famously "recovered" writers, Jay Neugeboren writes that we need to recognize the rarity of their resources. Jamison's position as a UCLA faculty member gives her access that less well-educated and well-connected patients might lack. It is worth remembering that the distress represented in the "democratic" genre of memoir cannot be extrapolated to the experience of all distressed persons. Supercrip exceptionalism needs to be balanced on the whole by the writing and reading of more stories, as there is always greater statistical truth in a larger sample size. Jamison is, as any writer, something between an example and an exemplar, and whatever we learn from her story should not lead to hasty assumptions about the stories of others. In any given madness memoir, supercripism can be avoided by balancing process with results, as well as external with inner circumstances. Jamison never truly "overcomes" her illness; she manages it with the treatment she so passionately advocates.

And as she presents her version of her life, she uses figurative language to express her understanding of her experience behind the appearances.

Language is self-evidently important to Jamison's account. She depicts her manic episodes as relating to literary works, such as Tennyson's *Idylls of the King* or a poem by Edna St. Vincent Millay (43, 73). These pieces of literature become deeply meaningful for her all of a sudden and prompt the expenditure of money and energy as mania drives her to work out their significance to her life and the world. When Jamison describes the prelude to her suicide attempt, with her body "uninhabitable [...] raging and weeping and full of destruction and wild energy gone amok," she also draws a literary parallel: "I understand why Jekyll killed himself before Hyde had taken over completely" (114). The significance of words and stories to Jamison's individual experience of her madness is clear. Too, one of the most discouraging side effects of lithium is its dampening of her ability to read, comprehend, and remember; in a sad echo of Mary Lamb's life and work, Jamison takes up needlepoint to fill what used to be her reading hours (95). The treatment can disrupt one's relationship to words almost as much as the illness itself.

But Jamison is also highly self-aware about the language of madness. She reports giving it deep thought after a woman who saw an announcement for Jamison's lecture was "outraged" by Jamison's "insensitive and crass" use of the word "madness" in its title (179). This prompts Jamison to think about the "the language that is used to discuss and describe mental illness," language capable of generating confusion and stigma as well as that woman's outrage. Though Jamison agrees that unchecked or uncorrected language contributes both directly and indirectly real-world discriminations, we need solutions that are bigger than language while we simultaneously need all the language we

can get: “Clearly there is a need for freedom, diversity, wit, and directness of language about abnormal mental states and behavior. Just as clearly, there is profound need for a change in public perception about mental illness. The issue, of course, is one of context and emphasis” (181). In *An Unquiet Mind*, Jamison employs freedom and diversity in her metaphors, even as she frames them to emphasize that manic-depressive illness can be both foreign and domestic; it should be neither stigmatized nor valorized nor denied, but dealt with and managed as part of life if not part of identity.

That manic-depressive illness is a crucial part of Jamison’s life can be seen by the entirety of *An Unquiet Mind*. That it is not the defining element of her identity can be seen in the metaphors she uses to express it. Beilke notes the quantity of Jamison’s figurative language pertaining to outside forces, suggesting that this preponderance can be attributed to Jamison being less defensive about her mind’s connection to her identity than Millett, distinguishing between *self* and *mood* in a way that keeps the disorder from making her “invalid” (37). Rather than focusing on the external incarcerations prompted by psychiatric labels, Jamison uses exterior language to figure the inner experience that earns the label. Jamison writes that both she and her sister have “demons,” an ancient image to account for the arrival of madness, but that, unlike her sister, she sees her “darkness [...] as a stranger; however lodged within my mind and soul the darkness became, it almost always seemed an outside force that was at war with my natural self” (15).³²⁹ As a warring “stranger” and an “outside force,” her madness is not part of her “natural self.” Such figurative language reveals that mind and identity are connected but

³²⁹On the depth to which an outside force can become “lodged within the mind and heart,” see Greenberg’s *Hurry Down Sunshine*, in which Sally’s psychiatrist describes her as “attached to her mania” and notes: “It’s a terrible paradox, really: the mind falls in love with psychosis” (186). See also Styron on depression as a visitor who “had been tapping on my door for decades” (79).

not identical. Thus Jamison's illness is a less an invalidation of self than a ruptured relationship. "I was used to my mind being my best friend," she writes, a friend able to provide her with conversation, humor, or thought to stifle boredom; "Now, all of a sudden, my mind turned on me; it mocked me for my vapid enthusiasms; it laughed at all of my foolish plans; it no longer found anything interesting or enjoyable or worthwhile" (37-8). This mind is an agent, capable of active verbs like "turning," "mocking" and "laughing." It is also an alien, distant from the self who has enthusiasms or makes plans. When treated with pharmaceuticals (which she calls "endlessly terrifying"), the mind eventually comes back; Jamison says she can feel it "being reined in, slowed down, and put on hold. But it was a very long time until I recognized my mind again, and much longer until I trusted it" (83). Recognition and trust are things that a stranger or foreign entity needs to earn. This way of describing her mind – or, rather, her experience of her mind – emphasizes Jamison's perspective on madness and identity. The illness enters her life and her mind, but there is a part of her that remains, an unaffected, uninfected "self."

In addition to "stranger" language, Jamison uses animal metaphors to talk about manic-depressive illness. Animals are an ideal figure for Jamison's conception, since they are at once foreign and domestic. Early, Jamison writes:

The Chinese believe that before you can conquer a beast you first must make it beautiful. In some strange way, I have tried to do that with manic-depressive illness. It has been a fascinating, albeit deadly, enemy and companion. [...] To contend with it, I first had to know it in all of its moods and infinite disguises, understand its real and imagined power. (5)

Contending with and conquering this beast, this "enemy and companion," coming to know its disguises and its powers, makes manic-depressive illness into something like Jamison's cunning and dangerous pet. It isn't that her madness turns her *into* a beast;

nothing so reductive or demeaning. Rather, she has a beast in her life and has had to learn how to “make it beautiful.” On the one occasion Jamison uses animal language to refer to people, rather than to their illnesses, it is with clear understanding of the perils inherent in such a rhetorical gesture. Expressing her commitment to the scientific efforts to locate the genetic components of manic-depressive illness, Jamison admits that she worries about prenatal testing and, well, *selection*: “Are manic-depressives, like spotted owls and clouded leopards, in danger of becoming an ‘endangered species?’” (194). In this case, the animal simile is used not only to indicate a potential rarity (becoming endangered) but also underlines the callousness that prenatal testing could induce. Jamison’s potentially dehumanizing metaphor is used to express the fear of being dehumanized, reduced to an undesirable or unsustainable species, a casualty to the progress of the fittest.

These metaphors of the stranger or the animal help a reader understand how Jamison understands madness in relation to self. However, her spatial metaphors (both planetary and architectural) best express what that madness is *like* for her. I have already mentioned Jamison’s lasting, poignant memory of gliding past Saturn. She writes:

Was it real? Well, of course not, not in any meaningful sense of the word “real.” But did it stay with me? Absolutely. Long after my psychosis cleared, and the medications took hold, it became part of what one remembers forever, surrounded by an almost Proustian melancholy. [...]The intensity, glory, and absolute assuredness of my mind’s flight made it very difficult for me to believe, once I was better, that the illness was one I should willingly give up. (91)

Though Jamison recognizes this experience as one of unreality and psychosis, it remains an intense and glorious sensory recollection.³³⁰ For Jamison, flight is one of the key

³³⁰In a rather nice turn, Jamison uses the same figurative language when talking about her current research interests: “There is a wonderful kind of excitement in modern neuroscience, a romantic, moon-walk sense of exploring and setting out for new frontiers” (196). What her illness once provided her, a sense of new (deep) space, is now the feeling provided by the modern scientific discussions surrounding such illness.

figures to express her experience of the positive and alluring side of the altered mentality of manic-depressive illness. Who wants to give up the ability to fly, or lose the capacity to have new transformative memories like encountering the planet Saturn? But the intensity and glory of flight has a danger as well as an allure. Jamison's memoir discusses both, contextualizing the highs and lows of psychosis through spatial metaphors drawn from her own individual experience.

Daughter of a meteorologist and having grown up on an air force base, Jamison is idiosyncratically inclined to characterize mania as "Flights of the Mind," as one of her chapter sections is titled. That chapter begins with Jamison's attempt to convey the "particular kind of pain, elation, loneliness, and terror involved in this kind of madness," and to do so, she uses more of these spatial metaphors: when high, she says, "the ideas and feelings are fast and furious like shooting stars, and you follow them until you find better and brighter ones" and when low you are "enmeshed totally in the blackest caves of the mind. You never knew those caves were there. It will never end, for madness carves its own reality" (Jamison 67). Whether it is following idea-meteors or struggling through newfound caves, these metaphors emphasize the same thing about the experience of madness: it creates new places for you to be. This is not the same as a the figure of the journey; madness is not traveled through but a travel agent: it "carves its own reality" and puts Jamison inside it. This has its elations and its pains, including the suicide attempt that leads Ellerby to call this memoir "a warning to those people who might also be tempted to suspend medication" (165). At the end of *An Unquiet Mind*, Jamison affirms that this sense of space is what she values most about her illness experience. In the closing pages, Jamison affirms that, provided that she could live in the era of lithium

treatment, she would not choose to avert manic-depressive illness, referring to “the breadth and depth and width of my mind and heart” and their “new corners” which are sometimes beautiful and sometimes grotesque, but which keep her from becoming jaded, “because I know of those limitless corners, with their limitless views” (218, 219). Her experience of madness has given her a sense of dimension in herself – breadth, depth, width – and a sense of the same sublime mental variety that Millett extols in her last pages. Jamison’s “limitless corners” are not because madness is her identity, but because it is part of her life, and has made new places for her identity to encounter.

That said, there is one instance of spatial language that might caution against a too-easy acceptance of Jamison’s compelling metaphors. She recounts her term as an undergraduate tutor for a blind statistics student. For one of their sessions, they meet in the blind reading room of the library:

I tracked down the reading room with some difficulty and started to go in. I stopped suddenly when I realized with horror that the room was almost totally dark. It was dead silent, no lights were on, and yet there were half a dozen students bending over their books or listening intently to the audiotapes of professors’ lectures that they had recorded. A total chill went down my spine at the eeriness of the scene. My student heard me come in, got up, walked over the light switch, and turned on the lights for me. It was one of those still, clear moments when you realize that you haven’t understood anything at all, that you have had no real comprehension of the other person’s world. (168)

In this literal “reading room,” Jamison encounters the limits of as-if understanding of an “other person’s world.” Her student illuminates that room, and with it, the dimensions of her own ignorance. Ellerby reads this moment as a warning to the reader as well, also using spatial language to articulate her own response: “Reading Jamison’s memoir, I have come to realize that I have never really considered what full-scale derangement might be. [...] Jamison has brought me into the horrifying corridors of manic depression

where unpredictability is the only given” (167). Using images of darkened rooms, caves, corners, and corridors, Jamison figures some of what her manic-depressive illness is like, but it remains *hers*. She can perhaps show us a map, but she cannot take us there. This is not to say that our sympathy or our attempts to understand are undesirable or undesired, but rather, Jamison, like her tutored student, needs to show us that there are limits that neither the most evocative writer nor the most imaginative reader can fully overcome. We can only truly share the space of the external world – which is perhaps what makes that space so useful for gesturing towards truths about that which is internal.

One of Jamison’s final extended metaphors is of a sea wall, built to “keep at bay the sadnesses of life and the often overwhelming forces within our minds” (214). This architectural image evokes the balance keeping *An Unquiet Mind* from being a narrative of overcoming. Jamison’s memoir is about the experience of psychosis and of treatment given the surrounding context of her life. Her “sea wall” is her attempt to express her own need and search for balance in a life that includes a mood disorder. She writes:

One of the most difficult problems is to construct these barriers of such a height and strength that one has a true harbor, a sanctuary away from crippling turmoil and pain, but yet low enough, and permeable enough, to let in fresh seawater that will fend off the inevitable inclination toward brackishness. (214-5)

Manic-depressive illness can be understood as the absence of such a harbor, bringing too much turmoil even if it is the turmoil of fresh water. With lithium and a strong network of support (from therapists and loved ones), Jamison has been able to manage this architectural conundrum. This is not a question of being on the right side a binary opposition, nor of overcoming inspiring obstacles to do so, but of negotiating an identity and a life between and despite them. As we see in her closing images, her memoir is one

of keeping enough of herself to be safe even as her illness shows her places that are unreal and dangerous, and keeping enough of those places to enrich her identity as she lives it every day. It is a process, a balance, a levee always under construction and always eroded by the force of the maddened sea. But *An Unquiet Mind* suggests that the mind and the self can work to protect and enhance each other.

Metaphorical language surrounding the experience of manic-depressive illness can come from those who have lived it, as Jamison certainly has and Millett may have. But it can also come from those who have lived *with* it, as in Michael Greenberg's *Hurry Down Sunshine* (2008). Greenberg is not himself a psychiatric patient; rather it is his then-fifteen year-old daughter whose psychotic break and subsequent treatment this memoir chronicles. This is not to say that Sally's voice is absent. As Greenberg seeks to understand Sally's experience, he quotes her memories and post hoc interpretations as well as his own. In this memoir, the writer is more like the reader, in that his epistemological questions are about someone else's alternate mentality. Yet Greenberg too draws on highly imaginative language to convey what his daughter's madness felt like for her and what it seemed like to him.

Greenberg's first sentence refers to Sally being "struck mad." This opening line establishes one of the predominant metaphors in *Hurry Down Sunshine*. Greenberg finds psychosis to be staggering, awesome, overwhelming, and his most frequent figure for such a conception is that of a natural force. The first sentence evokes the suddenness and voltage of lightning, but he goes on to do more than evoke: "It's something of a sacrilege nowadays to speak of insanity as anything but the chemical brain disease that on one level it is," he writes; "But there were moments with my daughter when I had the

distressed sense of being the presence of a rare force of nature, such as a great blizzard or flood: destructive, but in its way astounding too” (4).³³¹ In these lines, Greenberg not only offers readers the images of blizzard and flood, he also glosses them: they are disastrous but amazing. For Greenberg, such power is more commensurate with an Act of God clause than a “chemical brain disease.” Even as he does not question the medical model of madness within our current psychopharmacological episteme, as Millett decidedly would, Greenberg finds such a model unsatisfying when it comes to facing and understanding what storms within his daughter.

Blizzards and floods are indeed formidable natural forces, but they are also cold and damp. Since these are not qualities readily associated with mania, Greenberg turns more often to fiery forces.³³² Sally’s mind “blazes” (208). On the human scale, her sudden psychosis is like the breaking of a fever (29); on the geological scale, it is like a volcano, as when Sally’s stepmother Pat asks Sally exactly what message she feels compelled to deliver, and Sally “erupts into language” (18). Such a figure conveys the overwhelming energy Sally possesses and exerts while manic. But it is not only the bewildered father who feels the heat of this experience. Sally herself uses similar metaphors when she later puts words to the speed and quality of her thoughts: “They were more like explosions, as Sally would later describe them, visionary bursts in which the interconnectedness – the oneness of the world was instantly revealed” (54). Like Jamison’s, Sally’s mania is connected to language, in that she feels these visionary bursts must be linguistically captured. Sally’s inner explosions – which provide both heat and

³³¹For more storm and weather imagery, see Styron’s *Darkness Visible* (47, 50, 58, 73).

³³²Mark Vonnegut uses similar language, though only for its disastrous connotations, writing: “The psychotic state is a destructive process. A fire can’t burn that brightly without melting circuits” (7). See also the fervid imagery in Bebe Moore Campbell’s novel *72 Hour Hold*, discussed in Chapter IV.

illumination, however briefly – lead her to write without ceasing. Later, Sally returns to these same journals with a sense of bemusement and loss.

When she is recovering from her first episode (which is the subject of most of the book, though we learn that manic-depressive illness has continued to be part of her life), Sally struggles to connect her vibrant but incoherent artifact with her current sense of self. Later, she tells her father that the night she was taken to the hospital, she witnessed in a mirror the consumption of what she calls “the sane me”:

“It was a spot in my eye, and it was there for a split second, this little part of myself that I still hadn’t burned, watching me go crazy. *I see you. I know what you’re doing. I know who you are.* And then it vanished.” She snaps her fingers. “It didn’t fade, it just went out, like the wick on one of those kerosene lamps we used to go camping with.” (208)

Though a kerosene lamp is more domestic than a volcano, this is nevertheless a fiery figure. Her image of extinguishment shows that Sally does not share Jamison’s conception of a preserved self, unaffected by illness. Saying that what she sees is only a “little part of myself that I still hadn’t burned” unites illness and Sally as burning-agent, rather than suggesting that the illness does the burning and Sally’s self inhabits the torched ground. What Sally calls “the sane me” becomes “it” in this passage, an “it” that watched and then an “it” that vanished, “snap.” Sanity is the rapidly disappearing “wick” and the watching, knowing “I” becomes the “you” who is all flame. Michael Greenberg uses fiery imagery because he sees the irresistible, consuming power with which his daughter is overtaken; Sally uses similar language because she remembers feeling it.

Sally’s feelings are sometimes given in her own words, sometimes approximated in her father’s, and sometimes deduced by her psychiatrist, Dr. Lensing. Greenberg respects Lensing because, even if she cannot work miracles, she applies her clinical

knowledge to the idiosyncrasies of his daughter in a soothing and respectful way. This has happened to others, seems to be Lensing's message; the way you are feeling is not wrong, and I'm interested to hear your own words about those feelings. Dr. Lensing's tone is epitomized in her memorable simile from her first meeting with Sally: "I bet you feel as if there's a lion inside you," she tells the teenage girl (172). This exchange helps bond patient and doctor, and it's not hard to see why. Saying "I bet you feel" allows Lensing to draw from experience while still leaving room to adapt to Sally's input. Further, the use of a "lion inside you" both respects Sally's mania as powerful and beautiful while implying that it is out-of-place. This isn't Hyde usurping Jekyll, or some dark stranger, but this lion is still somewhere that it doesn't belong.

Lensing impresses Greenberg with how she talks to Sally about her mania, for instance, "refer[ring] to it as if it is a separate entity, a mutual acquaintance of theirs" (232). This is Lensing's project: to recognize Sally's feelings about her madness experience and validate them, but also to help her change them. Mania, that "mutual acquaintance," is not actually a good friend. As Greenberg summarizes Dr. Lensing: "mania is a glutton for attention. It craves thrills, action, it wants to keep thriving, it will do anything to live on" (172). Giving Sally this kind of language to understand what is inside her is rather like Jamison conquering her beast by making it beautiful. When animal metaphors are used, they express the truth that madness has power, even has what feels like agency, but that it is possible to face it, tame it, and live with it. Of course, living with lions is still a dangerous thing. In a postscript, we learn that Sally's relapses have been more frequent than Jamison's; when she was taken off a particular medication, "psychosis jumped to life in her with renewed force, as if it had been lying in wait" (232).

Greenberg returns to Dr. Lensing's idea of the creature-agent in this image of a stalking and pouncing madness. Father and doctor share in the figurative understanding of manic-depressive illness as a greedy, power-mad internal other, capable of agency, of lion-like revival, but also of being subdued.

When the father's external perspective dominates, he tends toward images of magic. The sudden onset of mental raises what can politely or academically be called epistemological questions, but which feel, on the ground, more like an entry to Bizarro World. Some explanation for these radical upendings of reality is necessary. Magic is one of the oldest. Greenberg refers to a "demon," some kind of changeling who has "appropriated [Sally's] body:" "The ancient superstition of possession! How else to come to grips with this grotesque transformation?" (24). This is the essential epistemological frustration expressed in figurative language: "How else to come to grips?" Even if Greenberg understands our neurological era's explanation (however approximate) of what is happening inside Sally's brain, such an explanation is viscerally unsatisfying. It doesn't speak to what he has seen happening within his daughter. Thus he returns repeatedly to figurative language that he *knows* is figurative, all superstition and imagination, not accuracy, but something like truth. Though Greenberg knows such a form of understanding is flawed, it remains seductive, even useful, given how little the dominant medical vocabulary does to address his frustration or address what he has lived with and witnessed. A ten-syllable name for chaos will not prevent a father from attempting to quest through it for meaning.

Magical images also allow Greenberg to understand Sally's self as intact, somewhere; under supernatural attack, but still pure. "I imagine the mania as a separate

living thing within her,” he writes, “a gnome, like Rumpelstiltskin, wily and insistent. It speaks to her in a whisper, promising riches, deviously finding a way to escalate and live on” (102). In this explicitly Grimmsian image, madness is an evil, ugly temptation victimizing a naïve young maiden. It is inside her, yes, but it is separate from her. If the Bizarro onset of madness into a promising young life requires such stories, so too does its passing. For an outside observer, these events call up archetypes of curse and blessing. The latter event happens in *Hurry Down Sunshine* on the day that Sally and her father have a conversation about tea, insignificant but ordinary, and he says he remembers it “as the moment Sally returned:”

It feels as if we have been living all summer inside a fable. A beautiful girl is turned into a comatose stone or a demon. She is separated from her loved ones, from language, from everything that had been hers to master. Then the spell is broken and she is awake again. (207)

Sally has been a sleeping (or demonically raving) beauty, but in one simple conversation, the spell of separation is broken. Making this terrible summer into “a fable” might not help Greenberg understand Sally’s experience, but it gives meaning to his own. There is a “Sally” who can return or awaken, and his belief in the purity of that identity is protected by magical metaphors. Whether or not this is a useful way to view manic-depressive illness – as something that temporarily replaces the real self, which still slumbers underneath its devious, evil influence – is another question altogether.

Hurry Down Sunshine is the only one of these memoirs that uses the term “bipolar” rather than manic-depressive (at least, that uses it without excoriating it, as Jamison does). Yet Greenberg suspects that Lensing too uses the term more because some term is needed than because this one is accurate: “She pronounces Sally ‘bipolar 1,’ not because she places great store in this diagnosis, I think, but because Sally has to have

a label, an identity card to carry her through the mental health system, and bipolar 1 will do” (153). This returns us to the central questions of illness, language, and identity posed by madness memoirs. Sally’s diagnostic label is required, like a birth certificate or a driver’s license: it is a word that bureaucracy will use to identify her. This label furthers (and codifies) the linguistic estrangement that madness brings to those who experience it. When Sally is released from the mental hospital, before she starts with Dr. Lensing, her previous doctor comments on her use of a simile to describe her condition: “It shows she’s thinking outside of herself,” this doctor says of Sally’s comparison to being packed in foam rubber; “She’s shifting away from the literal-mindedness of psychosis where a person is not *like* God, he *is* God” (150). This doctor shares Mark Vonnegut’s aforementioned understanding of the relationship between madness and metaphor. For them, psychosis can be seen the literal-mindedness that misunderstands metaphor and takes figurative language for truth. But this may be less a symptom of psychosis than a manifestation of how the experience of madness alters one’s relationship with one’s self. How *are* you supposed to express the idea of power, vision, and speed suddenly filling one’s mind and senses? Lions? Explosions? God? Is it splitting hairs to suggest that similes are better than metaphors because they acknowledge that the experience is not “really” true, but just true-like? That, as Horstein’s James would put it, the metaphor is “lived” but still just a metaphor? Or is madness “really” about an experience where the old descriptions of identity and feeling are no longer enough? I am not trying to glamorize psychosis; madness memoirs are as likely to represent the darkest caves of depression as the inspired and sometimes terrifying heights of mania, as well as many conditions in between. Rather, what madness memoirs help us to see is that readers and

doctors and friends and family members are going to have to let go of some of *our* “literal-mindedness” in order to reconcile the people we know with the illness they have.

Such a reconciliation will require a more flexible attitude toward both the “identity card” clinical vocabulary of doctors and the expressive personal language of patients. Toward the end of *Hurry Down Sunshine*, Pat muses on the “trick” that life has played on her stepdaughter:

Just when you think you’re beginning to understand her, that you’re finally on the same wavelength, she says something that makes you realize you’re not. You can feel how much she wants to be heard, even though it’s nonsense, it’s *her* nonsense, it has meaning to her. (200)

Not all wavelengths are equally good; not all are equally true. That is not what I mean by a flexible attitude. It isn’t that Pat or Michael need to find a way to get on Sally’s “wavelength” or translate her “nonsense.” Instead, they need to understand that they might not understand, and even that *Sally* might not understand. When Sally returns to her journals, she can no longer follow the thoughts that once seemed so all-fired important. As the epigraph for this chapter reveals, Jamison too finds that the illness of her mind has left her to “live in a broken world” where words are no longer familiar and beloved objects no longer safe. What everyone, those who experience living through madness and those who experience living with it, should glean from these memoirs is that the mind and the self are always using whatever tools are available to seek understanding. Sometimes this means finding meaning in “nonsense.” Almost always it means using language that is a complex combination of symptomatic, creative, earnest, fanciful, literal, symbolic, and scary: because only by being those things, all of them, can madness satisfy that desire to “be heard” and say, in the midst or after the fact, what this experience is truly – if not “really” – like.

Conclusion: Political Contexts of the First-Person

“Anything that can be whittled down to fit words – is not all madness.”
(Lara Jefferson, *These Are My Sisters*)

I mentioned in the first section of this chapter that genre of madness memoir is particularly adept at marrying the personal with the political, life with social context. As we work toward better understanding of both representations and lived experiences of madness, it is important to return to this marriage to avoid extremes and distortions. Mental illness has many causes, and it is equally ignorant to dismiss the influence of genes or the import of oppression. Jeanine Grobe writes passionately against the idea that “madness happens in a vacuum; it results from biochemical or genetic abnormality; it has nothing to do with the rest of the world which is ‘normal’ and immune – or so the story goes” (167). Grobe suggests that a truer model should include homelessness, sexism, racism, homophobia, and child abuse, among other factors. Similarly, Hilary Mantel suggests that her doctors would have helped her more had they noticed her “practical problems,” including “silverfish, sulking family, poverty, cold” instead of controlling her with drugs (165-6). But Mantel also needed her doctors to be better doctors and see her symptoms as physical realities. Solving practical problems like a silverfish infestation, or even systemic ones like homelessness, will not eradicate madness. It may reduce the incidence of some diagnoses, but even that notion veers toward utopian thinking. What madness memoir is good at is recognizing that the biographical elements of life, the biological elements of medicine, and the broad ecological elements of social and political context are all important to better understanding.

This genre has its limits, as do all of the forms I have included here. Anne Hunsaker Hawkins argues that one of memoir’s limits is its classism, saying that so far,

it “seems to be a middle-class or upper-middle-class genre, and this implies limitations both of sensibility and experience” (159). Though Greenberg discusses the difficulties of obtaining treatment for Sally within the U.S. health care system, these memoirs do little to dispel the idea that those who can afford to get treatment are also usually those who can spend the time writing about it, which should qualify our attitude towards these texts as statistical samples. Meri Nana-Ama Danquah is equally vocal about the disproportion of race representation, as well as the dissimilar sets of cultural assumptions attending the stories of white men (geniuses!), white women (hysterical), black men (demons) and black women; of the final category, to which she herself belongs, Danquah says: “When a black woman suffers from a mental disorder, the overwhelming opinion is that she is weak. And weakness in black woman is intolerable” (20). These assumptions need to be broken down, for no one’s distress deserves to be undermined or not tolerated.

Madness memoirs sometimes reiterate these unjust assumptions, particularly in the racial and ethnic distribution of published writers; but the genre is also a place to raise questions. Danquah didn’t write a play. She added her first-person voice to the culture whose assumptions about her identity shaped her experienced of depression. *Willow Weep For Me* also includes Danquah’s search for a black psychiatrist, in order to forge a medical relationship that included greater shared knowledge of the surrounding political context of Danquah’s personal life. These are the strengths of madness memoir: revealing not only the connections between the personal and the political, but displaying the finding and strengthening of those connections for the writers themselves. We *do* need more diversity in today’s most popular form of madness narrative; we *do* need better doctors who understand our diverse life histories; we *do* need to change big things about our

culture as well as little things about our behavior. And we know this because we see these claims enacted, lived as well as declared, in madness memoirs.

The lived nature of stories and language is perhaps best exemplified by madness memoir (though it is present in all literary endeavors). In *Hurry Down Sunshine*, for instance, Greenberg expresses his fear for the shape of his daughter's life after diagnosis for reasons that involve both the reality and the linguistic perception of madness:

One has cancer or AIDS, but one *is* schizophrenic, one *is* manic-depressive, as if they were innate attributes of being, part of the human spectrum, no more curable than one's temperament or the color of one's eyes. How can something so inherent be a treatable disease? And how does one defeat such a disease without defeating oneself? (50)

We cannot eradicate stigma by changing a verb structure, though disability scholars argue that it is a good step. One can (and should) say that one is a person *with* manic-depressive illness. But Greenberg's metaphysical point is not merely semantic. Or if it is, it shows the degree to which our lives are structured by semantics, as language constructs reality as much as it depicts it. Is it possible to see madness as "a treatable disease" given how think about the self? Is it possible, by means available either currently or hypothetically, to eliminate madness without damaging the person it's coming out of? These questions have both philosophical and practical answers.³³³ Philosophically speaking, Greenberg's language of "defeat" suggests that a less rigid conception of self might be useful. It need not be an all-or-nothing situation, whereby to treat the disease is to treat the inherent self. Practically speaking, we *do* need better treatments. It is well established that many of the

³³³One of these answers is Torrey and Bowler et al's optimistic declaration, following a statistical analysis of twin studies concerning schizophrenia and manic-depressive illness, that these illnesses do not change a person's underlying personality (212). If this (admittedly hard to test) contention is true, then no damage need be done to a "self" in psychiatric treatment. That said, our current state of psychopharmacology is far from this ideal. See Lauren Slater's *Opening Skinner's Box* on the mysteriousness – and lack of sophistication – still present in our prescription-laden episteme (237-8).

neuroleptic drugs substitute one set of un-self-like behaviors for the slightly less acceptable set. It should be possible to moderate the extremes of distress without making the distressed unfamiliar to themselves. Questions like Greenberg's, and the small- and large-scale answers they prompt, are another useful feature of madness memoir.

The questions Greenberg poses recognize the impact that diagnosis can have on a life. He is filled with sadness and fear for his daughter. But Sally's responses to these questions would might be more useful, for it is *her* life that has been so impacted. The profundity of that impact and the shape of one's response to it is part of what Hawkins values in first-person non-fiction. Using Robert Lifton's stages of rebuilding the psyche after trauma, Hawkins argues that first-person non-fiction writing can be part of the stage he calls formulation. Formulation involves imposing an order on and finding meaning within one's otherwise overwhelming and inexplicable experiences, and sharing the resulting story, "completing the bridge between the suffering self and the outside world by an overt act of communication" (*Reconstructing* 25). This overt act transforms inner reality, be it the hard-to-articulate experience of psychosis or the hard-to-bear traumas of confinement or social ostracism, into the desire to help others in the outer reality.

The act of speaking out, of turning trauma into something communicative and useful, can be political. This is what Judi Chamberlin argues in the essay "Struggling to Be Born:" "It is only when we join together," she writes, "when we tell each other our stories, that we begin to see another reality: that each of us 'goes crazy' for a reason, and that we must change our lives rather than our brain chemistry" (64). Chamberlin, like Grobe, has a feminist point to make, aiming to recontextualize women's madness as existing within – and substantially indebted to – a world that oppresses, degrades, and

pathologizes women. But, appealing though the rallying cry may be, it may not be enough to change our lives instead of changing our brain chemistry. It also may not be that easy. Couser argues that a respect for patients' stories is "not enough" to change an episteme: "Medical discourse does not change independently of the larger culture in which it is embedded" (*Recovering* 33). That culture includes the elements that Chamberlin and Grobe protest, but also many other enlaced ideas about medicine, the body, and what it means to be "normal." Stories are not enough. But they are something. The scope of one person's narrative will not change either the political or the medical culture of an age. But these things *do* change, they *will* change, and it is possible that joining together many stories, both first-person non-fiction and other forms too, can help us "see another reality," or at least, to see more clearly the one we already inhabit.

For the reality we think we share is in fact far more manifold than we believe. All literary texts – all language, really – assumes that it is possible to find a way to share the different worlds we carry inside us. The potential for radical divergence of those inner worlds is exemplified the scene in *An Unquiet Mind* when Jamison enters the blind reading room of the library. One of the major questions for mad studies is how much illumination can be attained when it comes to others' experience and consciousness. In *Willow Weep For Me*, Danquah's suicidal friend Jade denies that it is impossible to truly know another person's inner reality, or at least, that Danquah does not know Jade's:

You know what you feel, you don't know what I feel. If you were in my position and me in yours, I would tell you not to do it. I wouldn't want to see you die, but it's a different view from the outside looking in. What you're looking at is a figment of your imagination. It isn't really me. (160)

Jade's accusation is fair. We are all on the outside looking in for every consciousness that is not our own. But, aside from occasional narcissistic thought experiments, we take for

granted that those other consciousnesses exist, that, even if they are not exactly as we perceive them, they do not belong to “figments of our imagination.”

Madness memoirs, and madness narratives more generally, stage and attempt to solve the problem of the separate consciousnesses. Being suicidal may be an extreme state, a hard position to imagine oneself in, but is it impossible to understand, to approach knowing another person’s “what I feel”? Consciousness may not be fully transferable, but reading is based on the premise that language allows us access to experiences that we have not personally had. Novels, plays, and memoirs are intersubjective spaces, mutually constructed bridges and tunnels between islands of selves and the mainland of the material world.³³⁴ Such intersubjective access has consequences in life outside the text. Hawkins writes that first-person non-fiction has “a preparatory function, so that when [readers] do encounter some life-threatening illness (and most of us eventually will), this experience will inevitably be informed by what they have read” (*Reconstructing* 11). If, as Greenberg writes, “psychosis defies empathy” (86), doesn’t that mean we need more and better information in our preparatory texts, and more of them? Further, must we grant his axiom? Jamison would do so, certainly; she writes both that manic-depressive illness does not “lend itself to easy sympathy” and that she has “become fundamentally and deeply skeptical that anyone who does not have this illness can truly understand it” (174). But I am not so skeptical, not yet. Works like Jamison’s help me understand what it is like to live inside another person’s skin, her life, her mind. Undeniably, there are limits to my understanding. But I believe that Jamison’s work, on the levels of story and language,

³³⁴Novelist Richard Powers suggests in *The echo Maker* that science will not be able to build these bridges, as Doctor Gerald Weber muses: “Long after his science delivered a comprehensive theory of self, no one would be a single step closer to knowing what it meant to be another. Neurology would never grasp from without a thing that existed only deep in the impenetrable inside” (365). Of course, Weber’s own “impenetrable inside” is brought close to the reader by *fiction* rather than by science.

has expressed her experience such that I am aware of similar experiences differently than I used to be. I hear colloquial phrases differently; I listen to the stories of friends and strangers differently; and I see our political and cultural priorities differently. And I would call my different responses to the world (and my heightened awareness within it) an empathy that defies psychosis. Mental distress is real; not all diagnoses are individual manifestations of cultural problems; but madness is not the Other to normal humanity.

To treat madness as an unknowable otherness, beyond the range of sympathy for people who have not personally experienced it, is to weaken and even endanger our culture. For Jamison, destigmatization is essential so that people who work in high-risk jobs (e.g., pilots and doctors) are not afraid to seek treatment (207). But even the less high-risk, high-responsibility jobs can be lost or denied to those with mental illness in a society insistent on demonizing their distress. Penalizing madness impoverishes us. Tracy Thompson puts this idea best when she discusses the crucial need to empower those with depression to confront their illness, seek treatment, and change their behaviors. “To fail at this,” she writes, “violates an unwritten law of society, which needs all the talents and energies of every member” (14). We have a responsibility to make sure that each individual within our society is able to contribute his or her best “talents and energies.” This means offering widespread, systematic support for mental health care and treatment. It means changing our ideas about what should disqualify a person from employment, or perhaps better enacting the better ideas we have put into legislation already. We need to care about these things as if they directly affected us, our friends, our siblings, or our children. Chances are good that they already do (or might), but even if they don’t, the indirect effect is substantial enough. Torrey and Miller cite an estimate that mental illness

cost the United States \$100 billion in 1991, coming from both medical expenses (often for treatments that better management could have prevented) and employment days lost (5), and the last twenty years has given no cause for that amount to decrease. First-person non-fiction, and the more general literature of madness, shows us quite plainly that we need to be thinking about mental health in the first-person plural. That is how we “change our lives,” as Chamberlin put it; that is how we improve and enrich our society. We read, seek understanding, learn empathy, and take action – and we do it *as* “we.”

The first-person plural defies us/them thinking. Deflating that binary puts us back on the continuum of distress I discussed in Chapter I. Mark Vonnegut links the first-person plural with that continuum when he writes that “none of *us* are entirely well and none of *us* are irreconcilably sick,” and “what is a myth is that *we* are mostly mentally well most of the time” (xii, 166, emphasis mine). Distress is real, but so far, psychiatric diagnoses have a significant social component. Recognizing that the diagnosers and diagnosees are all part of the same society – part of one “we” – could change and ameliorate some of that distress. Ellerby sees madness memoirs offering a vital opportunity to understand the continuum on which we all exist, “one that extends from reason, lucidity, and sanity to derangement, darkness, and madness” (175). I agree, but I would add that all madness narratives, all literary scaffoldings of intersubjectivity, offer that opportunity. We not only see our “we” in stories; we shape it there. The first-person plural combines imagination and experience with the potential for better political awareness and action on the small and large scale. Any story that encourages a reader to step into a bigger “we,” even if only (“only!”) imaginatively, bolsters a real-world continuum. Representations have consequences: this is the best of them.

I drew the title for this project from Jamison's memoir. In *An Unquiet Mind*, she recounts an experience giving a talk about manic-depressive illness at the annual meeting of American Psychiatric Association, a talk that was quite well attended:

I was, of course, pleased that the disease I suffered from drew such a large crowd; it was in one of its vogue years, but I also knew that it was inevitable, in other years, that this role would be captured, in turn, by obsessive-compulsive disorder or multiple personality-disorder, or whatever new illness caught the fancy of the field, promised a new breakthrough treatment, had the most colorful PET (positron emission tomography) scan images, had been central to a particularly nasty and expensive lawsuit, or was becoming more readily reimbursable by insurance companies. (104)

Madness has its macro-vogues (what I have called epistemes) and its micro-vogues, both of which are shaped by factors as various as the conditions of the most recent war, the media attention given to gruesome crimes or nasty lawsuits, or the Byzantine workings of insurance companies. The forms (and the colors) of madness will continue to capture the attention of professionals and the public in localized spikes and sweeping trends. But it remains crucial to monitor the literary representations as well as well-attended APA lectures. By analyzing the formally innovative or inundatingly popular representations, we can take the temperature of our own relationship to ourselves. The vogue of manic-depressive illness was fueled by real innovations and events; but there persists the shadow influence of literature on the shape of our definitions and perceptions of madness. Clinical diagnoses and stories are not independent; they are partaken of and performed by the same people, just wearing different hats. We are a first person plural, and not even the purest medical action is performed independently of our surrounding culture and the self-shapes we have formed by reading, watching, and listening.

Allen Thiher makes this point a bit less sentimentally than I do. Pointing out that the mad in the contemporary Western world “no longer become witches or sleep with the devil,” he argues that biology interacts, inextricably, with culture and history:

The specific content of madness is often an imaginative form of fictional construct, pathological to be sure, determined by a cultural matrix that informs the specific context within which neurons or hormones are programmed or that elicits whatever be the genetic determinants of madness. (321)

Vogue diagnoses are a manifestation of that matrix, but so too is the definition of madness itself. The ever-expanding *DSM* might make us believe that the number of pathologies increases every decade, but this is not necessarily the case. We are defining the parameters of normalcy with increasing detail, a notion perhaps admirable for its abstract goal of scientific specificity, but probably not ideal in the concrete. Forever upping the kinds of “ab” out there should rather direct our attention to the lack of a true “normal” when it comes to mental health. Some forms of mental distress may require more aggressive means of moderation (and people who suffer from clinical depression or schizophrenia often *want* that kind of assistance), but these are not alien, inhuman, or otherwise other experiences. There is no universal normalcy; there is only the continuum of mentalities. Madness exists in the interaction of biological, social, and adaptive factors; neurons and hormones within a cultural and historical matrix, and profoundly informed by the fictional constructs available to that matrix. Examining how literature has responded and contributed to the changing cultural matrix of the twentieth century can help us make decisions about how we wish to shape that of the twenty-first.

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